PLEASE WRITE PLAINL is especia

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

46 -

Reg Diet No

CERTIFICATE OF DEATH

1. PLACE OF I	EATHince G	eorge	s County	2. USUAL RESIDENCE (HOME) 0	F DECEASED.		
Couniy				(For newhorn infants give residence of mother)			
				State Co.			
Uma lanc in about it	ace of death?	Vears	KUKAL and give nearest town)	DOTANATI TIG TETT	rs mary Tand		
	or street address where			8711 58 th av	to, write RURAL and give near	rest town)	
				Street MO			
How long in hospital	or institution?		······································	(If rural, give			
3. (a) FULL NA	ME						
		ert An	derson		3. (b) Social Security Number		
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CI	ERTIFICATION		
nale	white	mo	mmiad	fen 9%	ICAC	0 1	
			rried	20. DATE OF DEATH.	1948	at	
6.(b) Name of husbar	nd or wife Rose	Ander	son	21. I CERTIFY that death occurred on the date abo	ove stated; that Dattended decea	sed from	
		6.0	c) If alive, give agevez	Man 2 5 192	to face 2	3 19 8	
7. Birth date of	به ا در ا	3, 1		and that I last saw halive on	aulzz-	19	
deceased (mo., da) 8. AGE: Yes	1, 11./	Days	If less than one day	Immediate cause of death		DURATION	
66	months /	bays			> 0	10000	
00	16	120	hrsmi	n. Carema o	gmin		
9. Birthplace	Maryland			Due to	ald -		
	ketir	county, and	otate)			************************	
10. Usuai occupation	L		***************************************	Due to.		***************************************	
11. Industry or busin				30c (0		*****************	
当 12. Name	Richard F	. and	erson	Bulletin	4======================================	***************************************	
13. 8irthplace Unknown			n	Dther conditions		******************************	
E 14. Maiden nam	Susan B	rown		(Include pregnancy within 3 m	nonths of death)		
		Unkno	TAT Y1	Major fiedings of operations	***************************************		
15. Birthplace					Date of op.		
16. Informant	Mrs Kos	e Bro	wn	Actopsy resolts	<i>'</i>		
Address	Berwyn	Heig	hts Md.	PHYSICIAN: Please noderline the caose to wh			
Runi		-	Tom 96 1040	22. VIOLENCE: If death was due to external caus	ses, fill in the following:		
(Burial, crematic	al on, or removal, Which?	Date ther	(month) (doy) (year)	Accident, suicide, or homicide	Date of		
Cemetery or crema	Wort T	incol	n Cemetery	Where did Injury occur?(City or town)	***************************************		
	mar his	rton	Janal.			(State)	
Location	r. Gasc	h's t	ons	Injured at home, farm, industry, pub ¹¹ c piace (wh	iere?)		
18. Funeral director.		schi	some.	Means of injury	Injured at work2		
Address Hyattsville Maryland.				mm-fu			
1		7)	0	23. SIGNATURE			
fau 16	egistrar) 19	Jour	y Severy	Land	M. 2.3	other	
(Date rec'd by r	egistrar)		Registra	Address.	Date signed	<u></u>	

JAN 27 1948

00728

9.45-15M	WRITE PL
VS A15	PLEASE

CERT	FIFICATE OF DEATH Rog, Diat. No. 242
1. PLACE OF DEATH: County. City or town. (If outside city or town limits, write RUR and give near How long in above place of dealh? Hospital, institution, or street address where death ground: Ball Town long in hospital or institution?	Street No. 8.2.7 (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION)
3. (a) FULL NAME	htan 3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or Make New Married	MEDICAL CERTIFICATION 20, DATE DF DEATH. TOWNS 1 4, 19,48, 21, 3, A.
8.(b) Name of husband or wits & detth. D. a. Cash tank 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; the I attended deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19 1
8. AGE: Years Months Days It less than one do hrs. 9. Birthplace	Due to.
11. Industry or business 12. Name	Diher conditions
14. Maiden name Unbrown 15. Birthplace 16. Informant Ms. Edith, D. ashto	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 8 d Casture Cure (17	22. V10LENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director Malan + Ishua Address + 2 + R. S. S.	Means of injury Means of injury 10. 23. Signature M. D. or other,
19. Jan 14 Coate rec'd by registrar)	emphall Address Ist Eastern twe Weats signed 1/14/48

10 19 1948

STATE OF THE HERATES STATE OF STATE

important.

WRITE PLAINLY is especiall

PLEASE

(Date rec'd by registrar)

ARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

9-45-15M

VS A15 9.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00723

Reg. Dist. No..

OF DECEASED: of mother Pro Leo Co county Leo Co
its, write RURAL and give nearest town)
ve LOCATION)

934

County		wil	Do A	State France
City or town	00200		URAL and give nearest town)	. //
				City or town(1f
How long in above place of dea Hospital, institution, or street			•	(11
nospital, institution, or street	addiese music de	ain bedaice		Street No
		***************************************	***************************************	•
How long in hospital or institu	/tion?		***************************************	2.(a) if veteran, nam
3. (a) FULL NAME	14/0	nn	- n. h.	3011
4. Sex 5. Co	pior or race	6.(a) Sipei	e, married, widowed, or divorced	egur
male i	white	w	idowed	
70,000		2		20. DATE OF DEATH
6.(b) Name of husband or wife		5		21. I CERTIFY that d
O.(O) NEMO OF HERBERT OF MIN				Seces
7. Birth date of		1	e) if ailve, give ageyea	and that I last saw h
deceased (mo., day, yr.)	uni	know	va 1877	The state of the state of
8. AGE: Years	Months	Days	I if less than one day	Immediate came of
70?	Lucium		hrs. mi	ya
10,	-1		hrs mi	
9. Sirthplace	ulaba	ima		Due to O'M
		ounty, and		
10. Usual occupation	Su	lche		PANO
				Due to
11. Industry or business		,	-	
12. Name	unk	2nor	v.A	Other conditions
X 13 Rirthniace	mpn	rvo		1
es D	/	1.000	berly	(ln
岩 14. Maiden name	eary c	wee		Major findings of o
14. Maiden name	100 Mz	nou	m.	
To. Dirtilpiace	Cala	· CE	7.01.01.01	
16. Informant mre	more		wagner	Antupsy results
· A	hila	Ja,		PHYSICIAN: Please
Address C			F 8 16/18	22. VIOLENCE: If
11 Durial		Date there	Jan 8, 1948 (month) (day) (year) Cemelers	Accident, sulcide, or
(Burial, eremation, or re-	moral, Whieh?)	100	(month) (day) (year)	
gemeday or crematory	Lund	all	Cemely y	Where did Injury occ
St. Deorge Location	Glene	dale	nd	Injured at home, fari
Location				Ingered at its route fait

3. (b) Social Security Number MEDICAL CERTIFICATION tude pregnancy within 3 months of death) underline the cause to which death abouid be charged statistically.

Antapsy results...

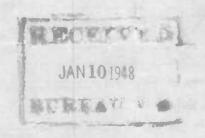
PHYSICIAN: Please underline the cause to which death should be charged stat

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, Suicide,	of nomicies	-	•
Where did Injury	occur?(City or town) (County)	(State)

23. SIGNATURE AND MILE. OF M.D. OF

Mal Date signed 1/1/42





00730

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

OZICI III	Reg. Diat. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State. County City or town. (If outside city or town limit, write RURO and give nearest town) Street No. (If rurn, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Windfield Scott	Beall 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced while while married, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE OF DEATH 2D. DATE
8,(b) Name of husband or wife Carely Soal 5.6(c) It alive, give age	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 19
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days I less than one day	and that t last saw h
39	min.
9. Birthplace (Toyn, county, and atate) 10. Usual occupation. Talephone Report No	Due to their for body
11. Industry or business Deployee	Due to the production of the soles had a fallet soles had
12. Name W. S. Soall W. 13. Birthplace Wayland	had a lighted eigenette (in his mouth that set upholeter
14. Maiden name Grael White 15. Birthplace	Major findings of operations
16. Informant Starle W. Bell	Actopsy results
Date thereo	22. VIOLENCE: It death was due to external causes, fill la the following: Accident, suicide, or homicided account Date of
Cemetery or crematory or cremoval. Which Tuniforey firmers	Action, sticite, or forming the state of the
Location Librar springs Md. 18. Funeral director L. Lasche Sons	Mes Catalog Court on Manager work?
Address Styattaville Ind.	Lleput medles Cramo
(Date rec'd by registrar) 48 Janus Severy	Registrar Address Destully we Date signed - 6-4

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correct age

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13.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0073.

CERTIFICATE OF DEATH

1. PLACE OF D			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborryinfants give residence of mother)	
County County of the State of t			1	
City or town (if ontside city or town limits write RURAL and give nearest town)			8 . T. & b/ . It. a	***************************************
	ace of death?		(If outside city on town limits, write RURAL and give nearest town)	
Hospital, Institution,	or afreet address where		Street No. 3/3 Work Bud Dustrat Xielt	
313 Was	el Bud D	sheel Keyna Mid	(If rural, give LOCATION)	********
	or institution?		2.(a) If veterae, name war	
3. (a) FULL NA	ME		3. (b) Social Security Number	
	1	BERTHA MAE	BEAN	
4. Sex	5. Color or raca	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	40
FEMALE	WHITE	MARRIED	20. DATE DE DEATH 20 January 1948 . 2.	A N
	ALDER	T BEAN	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
5.(0) Name of husbar	nd or wife ALBER		Way 18 47 to Jan 20 19	48
7. Birth date of	. 0		and that I last saw h the alive on 20 Jan 18	48
deceased (mo., day		T. 16 2 1889	Immediato cause of death Cardiol Vascular DURA	TION
O. 110m1	ars Months	Days It less than one day		MIN
5	8 4	7hrsmin.		
9. Birthplace20	ilming	county, and state)	Due to Coronary arterio- Schronia 29	ess
10. Usuat occupation	4	wile	Due to Hypertensine arterio- 104	~ A
11. Industry or busin	21		Due to Add a second	rs.
	19 Pin	Aton	74	*********
12. Hame		Parent a	Differ conditions	***********
	herens	1 Barren	(Include pregnancy within 3 months of death)	
14. Malden Min	accyco	et my or	Major findings of operations	
15. Birthplace		Tenna	Date of op.	
18. Interment	West J	Bean	Autopsy results	
Address 2/	o Mark R	of Destrict Height Mol.	PHYSICIAN: Plesse underline the cause to which death should be charged statistically.	
Address 87	1 point Rn	1-1-77-119	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, crematic	on, or removal Which?	(month) (day) (year)	Accident, suicide, or homicide	0 * 0 0 0 0 0 0 0 0 0 0 0 0
Cemetery or crams	////////	h. Hatt	Where did injury occur?	
()	111101	Ful and		
Location	marca de la constante de la co		Injured at home, farm, industry, public place (where?)	000000000000
18. Funeral director.	WW CL	mbest to	Means of injury Injured at work?	
Address 57	17-11-61	+ SE Wask DC	Mid we was Town 34	A
0 4	1 "	C. 7 C 11 00	23. SIGNATURE M.D. or other	<i>U</i>
Date rec'd by	registrar)	Carrie F. Campbell,	Address 601 - Wash. Blud. Date signed	-110
,		2-0R1941 91	Additional party and all property and al	- Carried

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00732 245

Reg Diet No 2

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Grance aux	(For newborn infants give residence of mother)		
(If outside city or town limits, write RUKAL and give nearest town)	State Modi County Hard State City or town & Mana County:		
How long in above place of death?	(If outside city or town limits, write KUKAL and give hearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 7006 - Woodland awd. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Mes ada Julia Bl	achburn		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
of C W.	20. DATE OF DEATH January 16 1948 1/2:30g. M		
A and some On able	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from		
6.(b) Name of husband or wife 2000	Sent 1947 to Jan 16 1948		
7. Birth dafe/oi	and thet I vast saw he value on 0000 16 1948.		
deceased (mo., day, yr.)			
8. AGE: Years Months Days If less than one day	Immediate cause of death Cardise Failure OURATION		
/7min.			
9. Birthplace	Due to Astern Schule Heart Susing		
11. Industry or business			
E 12. Name Jane C Burges	Other conditions		
13. 6irthplace	(Include pregnancy within 3 months of death)		
14. Maiden name			
14. Malden name	Major findings of operations		
= 15. Birinpiace	Date of op.		
16. Interment Suorce & Colack surse	Actopsy results		
	PHYSICIAN: Please underline the cause to which death shoold he charged statistically.		
Address 1006 gusto Ollam Cint	22. VIOLENCE: If death was due to external causes, fill in the following:		
17 Camal Date thereof Jan 401948			
(Eurial, cremation, or removal. Which?) (month) (day) (year)			
Cemetery or crematory and Congland Neutronal Complay	Where did injury occur?		
Location California Ton Na	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Robert J. Mc Gring	Maens of Injury Injured at work?		
Address / 820 - 9 St. n. w.	Money N. Hasding MA		
In Can (6 148 Janus Sever	23. SIGNATURE M. D. or other M. D. or other		
19. Marietan	Male almost 176 Po		

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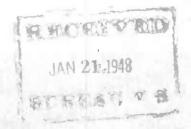
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

on carefully. The colearly and legit	County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in abave place of dealh? Hospilal, institution, or street address where dath occurred:	State City or town (If outside city or town lights write, RURAL and give nearest town) Street No. (If rural, give LOCATION)		
col	How long in hospital or institution?	2.(a) If veleran, name war		
information of death cle	3. (a) FULL NAME Emanuel Bow	3. (b) Social Security Number		
of	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced widowed.	DEDICAL CERTIFICATION 20. DATE OF DEATH Sun 1848 21 6 1) M		
Supply every item ease write the caus	6.(b) Name of husband or wife Many 6. Bould 6.(c) If all ve, give age years 7. Birth date of deceased (mo., day, yr.) April 15 - 1860	and that I last saw h alive on 19 %		
	8. AGE: Years Montes Days If less than one day	Immediate cause of death DURATION Cleude Congravy		
ADING INK. Physicians: pl	9. Birthplace	Due to		
r-	11. Industry or business Bolto. Ctts 12. Name. S. abaston Bours	Other conditions.		
WITH UNI	13. Birthplace 14. Malden name Successful 15. Birthplace Wel 15. Birthplace Wel	(Include pregnancy within 3 months of death) Major findings of operations.		
-	18. Interment Claude (Bowers) Address 600 Bolto - Au - Rugadoly had-	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.		
E PLAINLY, is especially	17. Buriat (Burial, cremation, or removal Which?) Cemetery or crematory Cemetery or crematory Date thereof Conth) tday (year)	22. VIOLENCE: ff dealh was due fo external causes, fill in the following; Accidenf, suicide, or homicide		
WRITE	Location Smallwood Md	Injured at home, farm, Industry, public place (where?) Means of injury (County) (State) Injured at work?		
EASE	18. Funeral director. Address Address Address	23. SIGNATURE M. D. or other		
PL	19. (Date racy by registrar) 19. 48. Mrs. Jas. Devere Registrar	Address Hatarele lad Date signed 1448		



MARGIN RESERVED FOR BINDING

A15

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0	12		1	2	,
	Reg.	Diat.	No 2	J	14

1. PLACE OF DEATH: county Prince George's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Fort Foote (If outside city or town limits, write RURAL and give nearest town)	Stale Conn. County		
	City or town. Wilton (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of dealh? Transient	(If outside city or town limits, write RURAL and give nearest town) Millstone Road RFD#1		
Hospital, institution, or street address where death-occurred: In a field near fort Foot	Street No.		
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Lynn Brandt			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE OF DEATH J nuary 13 19 48 at 5:30A		
6.(6) Name of husband or wife Edith Dare Brandt	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day, yr.) September 28, 1907	and that I last saw halive on		
8. AGE: Years Months Days If less than one day	Immediate cross of death Age and shock DURATION		
40min.	TICMOTTHASC CARC DITOCA		
Lynn Wass.	main Crushed chest		
9. Birihplace Lynn, Mass. (Town, county, and state)	Compound fracture of the skull		
1D. Usuat occupation Accountant	Books		
11. Industry or business	Due 10		
# 12 Name Ernest C. Bloomquist	Other condilions Universal second and third		
Ernest C. Bloomquist 13. Birtholace U. S. A.	degree burns of the body		
	(Include pregnancy within 3 months of death)		
14. Malden name Florence Lindgren 15. Birthplace Moline, Ill.	Major fiediogs of operations		
\$ 15. Birthplace Moline, Ill.	Date of op.		
16. Informant Edith Dare Brandt	Actopsy results		
Address Wilton, Conn.	PHYStCIAN: Please underline the caose to which death should be charged statistically.		
Present - 16 16 1948	22. VtOLENCE: tf dealh was due to external causes, fill in the following;		
(Murial, cremation, or removel, Which?)	Accident, suicide, or homicide Accident Date of 1/13/48		
Camplery or cromotory Terricleff Coremalory	Where did injury occur? Fort Foote P. G. Md. (City or town) (County) (State)		
Condition of	Injured at home, farm, Industry, public place (Int.) a field near Ft. E		
Location	Means of Inthy an airplane craffined at work?		
18. Funeral director & Lasche Arra			
Address Negatterille and	Deputy Medical Examiner		
1/140 118 12 12 1	23. SIGNATURE		
19. (Date rec'd by registrar)	Address Forestville, Md. Date signed 1/14/4 8		
WILLIAM STATE OF THE STATE OF T	Address Date Signed		



9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFI

6.(g) Single, married, widowed, or divorced

6.(c) If alive, give age.....

If less than one day

....hrs.

(month) (day) (ye

23. SIGNATURE.

Address.

Days

(Town, county, and state)

Date thereof.

00735

Date signed / - 12 - 4 8

2. USUAL RESIDENCE (HOM (For newborn infants give reside	enee of mother)
SWO LEV -	a limits, write RURAL and give nearest town)
	al, give LOCATION)
2.(a) If veteran, name war	X
kel Brown	3. (b) Social Security Number
MEDICA	L CERTIFICATION
2D. DATE OF DEATH	12,48/903
21. I CERTIFY that death occurred on the	date above stated; that I attended deceased from
	19
and that I last saw halive on	
	J. DURATIC
	-C
Due to	
Due to.	
Other conditions	
Other conditions	ithin 3 montha of death)
Other conditions	thin 3 months of death)
Other conditions (Include pregnancy wi	ithin 3 months of death) Date of op.
Other conditions	Date of op
Other conditions (Include pregnancy wi	Date of op. Date of op. Leto which death should he charged statistically. Date of op.
Other conditions	e to which death should he charged statistically.
Other conditions	e to which death should be charged statistically.
Other conditions	Date of op. e to which death should he charged statistically. trad causes, fill in the following: Date of 2-1-6 town) (County) (State)

age regt 1. PLACE OF DEATH: If outside city or town limits, write RU AL and give nearest tow information carefully of death clearly and How long In above place of death?... Hospito Institution or street address where death occurred: How long in hospital or institution?... 3. (a) FULL NAME 5. Color or race 4. Sex ADING INK. Supply every item of Physicians: please write the causes 6.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: 9. Birthplace., 10. Usual occupation 11. Industry or business important. 13. Birthplace 14. Maiden name 15. Birthplace especially PLAINLY, is especially removal. Which?) WRITE Cemetery or crematory. PLEASE (Date rec'd by registrar)

it is in a company 10 g 11 steet Poten on Knew Einest mobile 1 in 184 - 11 piece of Across MINI 1948

VS

MARYLAND STATE DEPARTMENT OF HEALTH

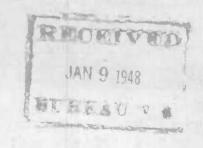
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00736

Reg. Dist. No. 24

1. PLACE OF DEATH: County Bear 31'A	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	City or town 1760 Church Shud N.w.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospital, institution, of street sources and the source of	Street No. (Itaria, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, nams war.
3. (a) FULL NAME	3. (b) Social Security Number
Rose · Burgdorf	none
4. Ssx 5. Color ur race 6.(a) Sing 9 married, widowed, ur divorced	MEDICAL CERTIFICATION A
ternal Whits Single	20. DATE OF DEATH January 2 1948 21 3:45
5,(b) Name of husband or wile	21. I CERTIFY that death occurred on the this above stated; that I attended deceased from
	Dec. 15 1347 10 Jan. 2 148
7. Birth date of A 1 04 Remarks (\$10	and that I last aaw h. Lot. alive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION
78min.	Terenchial Pneumony 10day
BARKShiNat - ANDC	Oue to According anema 3 mones
9. Birthplace(Town, county, and state)	Uue 10
10. Usual occupation. Inem Maker	Que to
11. Industry or business Asset	
12. Name ninknow	Other conditions mitral Alexonia 6 Mary
12. Name Nemon 13. Birthplace Fermany	and Carcline Determentarion "
14. Maiden name Manessa	(include pregnancy within 3 months of death)
14. Maiden name. M. Aneswa. 15. Birthplace Sermany	Major findings of operations. Now.
mana chamber 12 lowfor	Antopy results 200
16. Informant 11 11 11 11 11 11 11 11 11 11 11 11 11	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Michilly - Ma	22. VIOLENCE: Il death was due to external causes, fill in the following;
(Burial, cremation, or removal) Which?) (Burial, cremation, or removal) Which?)	Accident, suicide, or homicide
Cemetery or creptatory Colar Hill Cemus	Where did Injury occur?
Location Swittand md	Injured at home, farm, Industry, public place (where?)
Marillia Larax	Mgans of Injury Injured at work?
18. Funeral director of the state of the sta	No o P 1
Address 300 4 4 2+ Non Miskingon A	23 SIGNATURE James 6. Hancer
19 1/3 1948 Umanda Drune,	14her Mar Olaro Med. D. or other
(Date rec'd by registrar) Registrar	Addres Dale signed Dale signed



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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00737

CERTIFICATE OF DEATH

CHRITICAL	Reg. Dist. No.
1. PLACE OF DEATH County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Butcher, charles E.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 1- 30 1948 11.24
6.(b) Name of husband or wife. Attitle. C. F. Sep. 7. Birth date of deceased (mo., day, yr.) aprile 16 - 18 69 8. AGE: Years Months Days If less than one day has min. 9. Birthplace. (Town, county, end state) 10. Usual occupation. Turnistruce: Alexander 11. Industry or business O Turnistruce: Alexander 12. Name. Attitle. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4 \$\frac{1}{2}\$, to \ 29.19.4 \$\frac{1}{2}\$ and that I last saw home alive on \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
18. Funeral director. S. a. 12. as a second of the Address Au attained by Address Au attained by Address 19. (Date red by registrar) 19. (Date red by registrar) Registrar	23. SIGNATURE LABRICAGE 24 D. D. or other Address 24 Roin 24 Date signed 1-30.40



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13 /

00738

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: County Price George City or town Glenn Dale Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 yr., 1 mos., 27 days Hospital, institution, or street address where death occurred: Glenn Dale Sanatorium How long in hospital or institution? 1 yr., 1 mos., 27 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME MARY J. BUTLER	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female Colored Married	MEDICAL CERTIFICATION 2D. DATE DF DEATH
8.(6) Name of husband or wite James Butler 6.(c) If alive, give age 12 years 7. Birth date of deceased (mo., day, yr.) November 5, 1908	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from SEPT. 3 19.46 to AN. 31 19.48 and that I last saw h. e.f. alive on AN. 31 19.48 Immediate cause of death.
8. AGE: Years Months Days If less than one day 39 2 26 hrsmin.	Puluennay Tubesculais 3 gr 2 mo.
9. Birthplace Prince George, Maryland (Town, county, and state) 1D. Usual occupation Ward Maid 11. Industry or business	Due to
12. NameSylnester Newman 13. Birthplace Prince George, Maryland	Dither conditions
Joana Proctor 14. Maiden name Joana Proctor Prince George, Maryland	(Include pregnancy within 3 months of death) Major findings of operations
16, Informant Deceased	Antopsy results
17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Constance Church Location. Spric Ma. 18. Funeral director. Clarence Postace Address Muchelliel MM 19. Jan. 31, 1948 Rowland & Philips (Date fee'd by registrar) Registrar	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide



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Evidence	for the	change d	of MARYLAND	STATE DEP	ARTMENT OF	HEALTH
date of	oirth and	d age is	shown on	2411 N. Charles	St., Baltimore	460
G 114 2/	19/48		OFID	TITLE OF THE		

	0	67	3,0	.,-	
Reg.	Diat.	No	1	70	

CERTIFICAT	TE OF DEATH Reg. Diat. No.
1. PLACE OF THE 34th St. County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland Prince George State. County.
City or fown Mt n Kainiar. Md . (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town Mt. Rainier (If outside city or town limits, write RURAL and give nearest town) Street No. 4034 - 34th St. (If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veleran, name war
3.(a) FULL NAME Michael J. Cain	3. (b) Social Security Number
Michael J. Cain 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Single	MEDICAL CERTIFICATION 20. DATE DF DEATH Jan 22 1948 at 6:30 P M
6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) April 25, 1862 1882	21. I CERTIFY that deal occurred on the date above stated; that I attended deceased from 19.48 to 19.48 and that last saw h. MAA. alive on 19.48
8. AGE: Years Mooths Days If less than one day 65 8 2 2hrshrsmin.	Immediate cause of death Cancerous of Perfect 2 Months And Bladder
S. Birthplace Franconia, Virginia (Town, county, and state) 10. Usual accupation Guard	Due to
11. Industry or bosiness	Due to
12. Name. Corneilus J. Cain 13. Birthplace Brandy, Virginia	Other conditions
14. Maiden name Margaret Shane 15. Birthplace Brandy, Virginia	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Margaret T. Cain Address 4034 - 34th St.	Autopsy results
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Mt. Ulivet	22. VIOLENCE: It dealh was due to external causes, fill in the following: Accident, suicide, or homicide
tocation Washington, D.C. 18. Funeral director Washington	Where did injury occur?
Address 3200 - mode Is Ave., Mt.Rainie Jau 24 (Date rec'd by registrar) 18. Funeral director. Mt.Rainie Registrar	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	7.79
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Description W	and Maryland and Prince Ferres
(If outside city or town limits, write RURAL and give nearest town)	City or town M. Brentwood, Mid.
How long in above place of death?	(If datede city or sown limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred:	Street No. 4 2/4 (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Thomas Velley Carter	
4. Sex 5. Color or race 6.(a) lingle, married, widowed, or divorced	MEDICAL CERTIFICATION
m C Married	20. DATE OF DEATH. Jacob Cong 7 19 7, 01 7,05 p. M
6,(b) Name of bushent or wife Luces Carter	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	10-000 1947, 10 1-7-19-83
7. Birth date of 1495	and that I last saw h
deceased (mo., day, yr.) 8. AGE: Years Months Days I1 less than one day	Immediate cause of death DURATION
5-3 — hrsmin	. I fr
This win is Al Plai	Quo to Work & Syponen
8. Birthplace (Town, county, and atate)	Duo to. L. C.
10. Usual occupation.	Pue to.
11. Industry or business	
E 12. Name Ulb www	Other conditions Attletis
13. Birthplace	, «
H 14. Majden name. Cackenewa	(Include pregnancy within 8 months of death)
14. Malden name	Major findings of operations
Part location	Date of op.
16. Informant	Autopsy results
Address of 3/4 The Care Callet	22. VIOLENCE: 11 death was due to external causes, fill in the following:
17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematery	Where did injury occur?
Mastanatoral d.C.	Injured at homo, farm, industry, public place (where?)
Location Character Charact	Means of injury Injured at work?
18. Funoral director	11 11/4 > >
Address 752 MM M. N- W.	23. SIGNATURE VI M. M. Dfuller Vicini
10 Jan 7 10 48 (Amanda Wowner	7 A M. D. or other
(Pate rec'd by registrar)/ Registra	Address Delistarous / // Date signed

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VS A15

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CERTIFICATE OF DEATH

2411 N. Ch.	arles St., Baltimore	5d
CERTIFICA	ATE OF DEATH	Reg. Diat. No. 242
County Cily or town County Cily or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	Street No. // 0 / - 5	County Drunck Gloug County Drunck Gloug Limits, write RUEAL and give nearest town)
How long in hospital or institution?	2.(a) If veleran, name war	
3. (a) FULL NAME Sharaw aun Cas	h	3. (b) Social Security Number
4. Sex 5. Color or racs 6.(a)Single, msrried, widowed, or divorced	MEDICAL	CERTIFICATION
Female Negro	20. DATE OF DEATH. Tann	ary 18 10 x 8 11 71
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the da	te above stated: that I allended deceased from
7. Birth dale of	and that I last saw h	Jan 16 103
doceased (mo., day, yr.)	Immediate cause of death	DURATI
8. AGE: Years Months Bays If less than one day 6. hrs	Due to Regurgita	non g Milk
10. Usual occupation	Due to	
11. Industry or business		
12. Name Seaton Daniel Cash	Dther conditions	
13. 8irthplace Cedari Hergas, Ma.	(Include pregnancy with	nin 3 months of death)
14. Maiden name Mary Jasteriul Brown		
14. Maiden name Mary Jastherine Brown 15. Birthplaco Washington, D. C.	major nounter of operation	
(Dane to /	Autopsy results	
16. Informant	PHYSICIAN: Please underline the cause	to which death should be charged statistically.
Address Same	22. VIOLENCE: If death was due to extern	nal causes, fill in the following:
(Burial, cremation, or removal, Which?) Date lherest. (month) (day) (year)	Accident, suicide, or homicide	Dato of
Cometery or crematory Down	Where did injury occur?(City or to	
Location 101 57 Chargest NVKs	Injured at home, farm, industry, public pla	ce (whero?)
18. Funeral director. Scalar O Cash	A Company	SI Luc
Address // 0 / 3 / 0 . Chapel 00	23. SIGNATURE DANIEL	MD, or other
19 Jan 19 19 48 Carry J. Campfel	Tar Address 1001 Gaster	in live. ME pare signed 1/18/4

1/19/48 - 127m. Dr. Bayd has been consulted about this death and gives his OK for the certificate.

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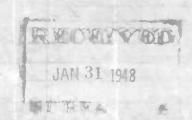
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yea	r	of	Ъ:	iı	th	is	S	hown	on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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og, Diat.	No. 2	39

SIM NO. G. 1 1 / FFR 20 1949 CERTIFICAT	E OF DEATH Reg, Diat, No. 2
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infacts give residence of mother)
City or town.	State County County R F
How tong in above place of death?	City or town
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) It veteran, name war
3. (a) FULL MANE Salter /	Prochett 3. (b) Social Security Number
4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced ways with the Mayried	MEDICAL CERTIFICATION 20. DATE OF DEATH. MANAGED 22 19 K8, st 12:27 Pm
6.(b) Name of husband or wife. M. C. C. C. S. C. S. C. It alive, give age	21. I CERTIFY that Seath occurred on the date above stated; that I attended deceased from 19 48, to 19 19 48, and that I last saw h 2 19 48.
8. AGE: Years Months Days tf less than one day 7 0 22	Immediate cause of death Classification DURATION I Week
9. Birthplace	Due to Affection william appropri
11. Industry or business Cip chell	Due to.
13. Birthptace Horard Co Md	Oiber cooditions
15. Birthplace Have Co. N. A.	Major findings of operations
16. Informant Address a Carpel Address	Autopsy results
17 Bate thereof (Burial, eremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did lojury occur?
18. Funeral director 12 16 C Market Co L	Means of Injury Injured at work?
Address Zaurel Zud	23. SIGNATURE STATE OF THE STAT
19. (Date rec'd by registrar) (Date rec'd by registrar)	Address Lawrell My. Bate signed (26/48)



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In is especially important. Physicians: please write the causes of death clearly and legi VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Que Que que	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
City or town (If outside city or town limits, write RURAL and give nearest town)			
	City or town	***************************************	
How long in above place of death?	(If outside city or town limits, write RURAL and give ne	arest town)	
Price Georges Suid Horfet	Street No.		
	(If rural, give LOCATION)		
How long in hospital or institution? 2. Clary	2.(a) If veteran, name war		
3. (a) FULL NAME Patricia Crouch	3. (b) Social Security	Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Fernel white Sugle	20. DATE OF DEATH 2 19 4 8	100 P. W	
6.(b) Name of husband or wife	21. 1 CERTIFY that death occurred on the date above stated; that t attended deceased from		
	19 to	19	
7. Birth date of	and that I last saw halive on	19	
deceased (mo., day, yr.) 8 AGE: Years Months Days If less than one day	Immediate cause of death	OURATION	
8. AGE: Years Months Days If less than one day 8 17hrsmin.	Sugeod Shock	4 hrs	
9. Birthplace Lessie (Town, couply, and atate)	Due to. C.	3 hr	
10. Usual occupation Student	Que lo. Bran Scar	1 morth	
11. Industry or business	`		
12 Name Large Crosech	Other conditions		
12. Name Lord Croech 3. Birthplace Washington D.C.		*	
E Cyning	(Include pregnancy within 3 months of death)		
	Major findings of operations.	••••	
≥ 15. Birthplace Washington, D.C.			
16. Interment Has petal recensor	Autopsy results	statistically	
Address			
17 Newval Bate thereof 1-25-48	22. VIOLENCE: If death was due to external causes, fill in the following;	A-vita	
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide.		
Cemetery or crematory	Where did injury occur?	h-1	
Washing to A		(State)	
Location Washington	Injured at home, farm, Industry, public place (where?)		
18. Funeral director. J. W. J. J. L. San. Co.	0.0		
Address 3018 - 4 St. n. E.	Meputy moderas &	James	
0. 11- 10/ P. 1.10 - wase	23. SIGNATURE	or other	
19. Jan 20 19 47 Umana Novo Registrar	7-//	1-24-48	



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2411 N. Charles St., Baltimore

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2	CERTIFICAT	E OF DEATH	Reg. Dist. No	145
County Clip or town Clif outside city or town limits, write RURAL a How long in above place of death? Hospital, instilution, or street address where death occurred:	and give nearest town)	City or town	or DECEASED: If mother to waite RURAL and give pure LOCATION)	eo G
How long in hospital or institution?	***************************************	2.(a) If veteran, name war		
3. (a) FULL NAME Katie V.	Darcy	3. (b) Social Security Number		y Number
4. Sex 5. Color or race 6.(a) Single, married	d, widowed, or divorced	MEDICAL C	ERTIFICATION 8 19 × 8	3,755
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days II les	ss than one day	and that I last saw has alive on Immediate codes of death the last saw has alive on Immediate codes of death. Bue to Services	and some	2 8 19 8 19 8 BURATION Grand Grand Grand Grand Grand Grand
11. Industry or business 12. Name 13. Birthplace	nul	Due to	months of death)	
14. Maiden name Leey V. For 15. Birthplace 16. Informat Mass Listewica Vol. Addres H. O Calvert R. Call	Ryan	Major findings of operations		d statistically.
Bureal	/30-48 (month) (day) (year)	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	Date of	(State)
18. Funeral director (1) Address Lineral director (1) Address Lineral dellarge (1) Address Lineral dellarge (1) Address Lineral dellarge (1) Address (uses &	Injured at home, farm, industry, public place (in Misens of Injury 23. SIGNATURE	Injured at work?	, or office
19. (Date ref by registrar)	Registrar	Address Berunn	Wa Date signed	11 - 11.01



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0074532 Reg. Dist. No. 332

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County 12 14 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	State Md County Pr Hed.	
City or town (If odtside city or town limits, write RURAL and give nearest town)	82 1 11/1 - An 1/1: 1: 1	
How long in above place of death?	(If outside city or town Mmits, write RURAL and give nearest town)	
Mospital, Institution, or street address where death occurred:	Street No. Trills Bridge	
/	(If rurai, give LOCATION)	
Now long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Derretta West West		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
	21/1 11/52	
- pragnes	20. DATE OF DEATH 26 19 M	
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	19. Ho 2 6 The 19. Hy	
7. Birth date of	and that I last saw h. C. alive on 21 Jan 451.	
deceased (mo., day, yr.) March 16 1884	Immediate cause of death DURATION	
8. AGE: Years Months Days If less than one day	Therena 3days	
63 10 10 Ins. Ins.	The second of th	
D. G B D	All to	
9. Birthplace (Town, county, and state)	Due to State Market Market	
10. Usual occupation. Dane		
	Due to Stat Clary College Carded Wh	
11. Industry or business	Januar Meneral Muse ask	
12. Name Cass Melat 13. Birthplace Wasker Mas Word Med	Other conditions	
13. Birthplace Washer Marlboro, MA		
14. Maiden name Catherine Langua	(Include pregnancy within 3 months of death)	
	Major findings of operations.	
\$ 15. Birthplace A. Ses. Co	Date of op.	
16. Interment Segina Price	Antonsy results.	
1. 1. In it of 13 4 hall	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address 1423 Myrtel art. Wally Mg	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Buriai, cremation, or removal, Wheeh?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	
(Buriai, cremation, or removal, Which?) (month) (day) (year)		
Cemetery or crematory	Where did injury occur?	
Location Gallinose, mel	Injured at home, tarm, Industry, public place (where?)	
()-13	Means of injury injured at work?	
18. Funeral director	2 1 - 1	
Address amagestist	Refer to Blown	
X. Dg 45/112 VA Th	23. SIGNATURE Without Adjusted M. D. Control	
19. (Date model by positions)	when marthan man 26 factor	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: 3400 Burley is all Rd County PRINCE GEORGES City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Sylvan Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
AMANDA S. DETWILER	5.(0) 20000
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W WIDOWED	20. DATE OF DEATH. Jan 6 19.48, 21. 3 Pl. 81
6.(6) Name of husband or wite William & Dottwiler. 8.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) June 22 /882	21. I CERTIFY that death occurred on the date above stated; that I alternded deceased from 18.47, to 19.48. and that I last saw h. E. T. alive on Jan 4 19.48.
8. AGE: Years Months Days If less than one day	Immediate cause of death
65 6 15hrsmin.	Hypostatu Pneumorra 3days
9. Birthplace. Philadelphia Pource (Town, county, and state)	Due to Carcinomatoria 4 years
10. Usuat occupation	Due to Carcenoma (Inoperable) 5 years
12. Name adam Kreppel 13. Birthplace gernsny	Other conditions
14. Malden name Susan Scher 15. Birthplage	(Include pregnancy within 3 months of death)
15 Richalace	Major findings of operations.
16. Interment (daughter) Trene Travascio	Autopsy results
Address 3 400 Burker Hiel Rd	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Asthurogal Cemellary	Where did injury occur?
Location Philadelphia, Pa,	Injured at home, farm, industry, public place (where?)
18. Funeral director Wm. J. Malley	Means of Injury tnjured al work?
Address 3200- R. D. ave. mt. Rainer, M.	23 SIGNATURE Benjamin S. Miller m. D.
19 Date rec'd by registrar) 19 Janus Sewy Registrar	Address. 3824 - 3 4 Lt Date signed 24 6 1948



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1. PLACE OF DEATH:

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MARYLAND STATE DEPARTMENT OF HEALTH

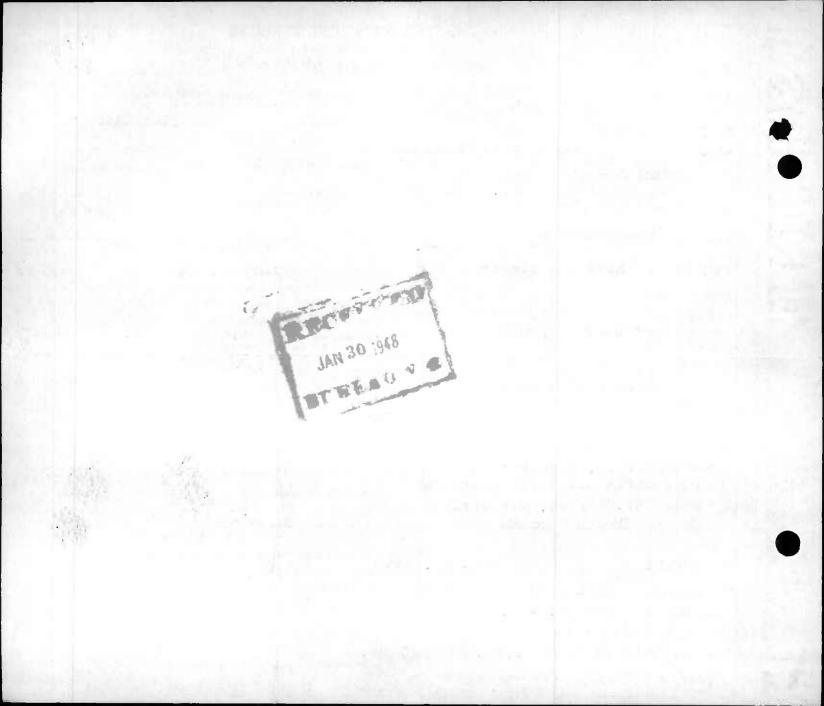
2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

()(1747 Rog. Diat. No. 231

County	Prince	George's	(For newborn infants give residence of mother)	
		mits, write RURAL and give nearest town)	state Maryland county Prince Georg	e!s
How long in above place Hospital, institution, or Prin	of death? 1 destroyers where concess of the concess where the concess of the conc	ay 19 hours 20 minutes	City or town Mt. Rainier (If outside city or town limits, write RURAL and give ness Street No. 4207 32nd Street (If rural, give LOCATION) 2.(a) If veteran, name war.	rest town)
3. (a) FULL NAM	E		3. (b) Social Security	Number
M	arie Dobber	rfuhl		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female	White	Single	20. DATE OF DEATH January 25. 1948 19	1.7:50 A
6.(b) Name of husband			21. I CERTIFY that death occurred on the date above stated; that I atlended dece	ased from
7. Birth date of			and that I last saw h SY alive on Jen 2 4	19.48
8. AGE: Years		Days It less than one day	Immediata cause of death INANITION with INTESTINAL OBSTRUCTION	DURATION
2	1	21hrsmir	1	1 Week
		Columbia county, and state)	Bueto Failure of ROTATION OF the Caecum with volvelus Bueto of The Small intestine at the lipamen of TREITZ	Congenita
11. Industry or busines		222	the lipamen of TREITZ	
12. Name	udolph W. I	lobberfuhl	Dther conditions	
14. Maiden name	Marie Eli	zabeth Moentmann es, Missouri	(Include pregnancy within 3 months of death) Majar fiadiags af operations.	<u></u>
₹ 15. Birthplace	St.Charl	es, Missouri	Date of op	
16. Intermant	Hospita	L Records	Aatapsy resalts	statistically.
Address 17. Buria (Burial, cremation	, or removal, Which?)	Date thereof Jan. 27, 194 (month) (dsy) (year)	22 VIOLENCE, If death was due to external sources till in the following:	
		Lincoln Cemetery	Where did injury occur?	(State) · ·
Location Blad	ensburg F	d D.C. line	Injured at home, farm, industry, public place (where?)	
		J. Nalley	Means of Injury Injured at work?	
		s.Ave., Mt. Kainier,	Md. Benjamin S. Mille	
		James Serry	23. SIGNATURE	or other Jan 25 48



PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

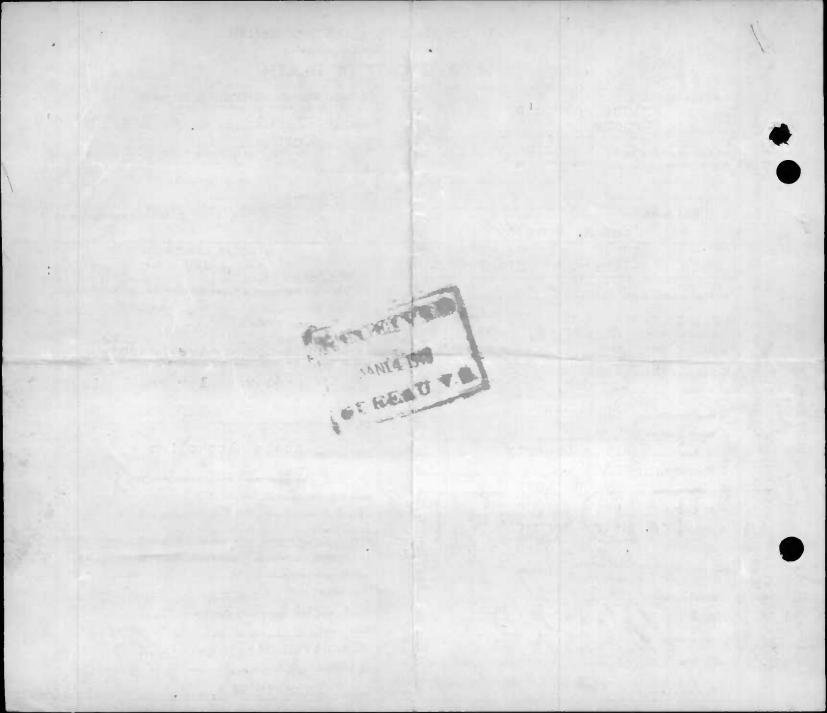
2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 231

City or town	rince Geo Croome	mits, write I 10 nth s death occurre	RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r State. Maryland Cour City or town. Croome (If outside city or town limits Street No. (If rural, give 2.(a) If veteran, name war.	nly Prince Geo. , write RURAL and give new	arest town)
3. (a) FULL NAM	E				3. (b) Social Security	Number
	James A.	Doher	rty			
4. Sex -	5. Color or race	8.(a)Sing	le, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Male	White		Single	20. DATE OF DEATH January	7 19 48	9:00E
6.(b) Name of husband 7. Birth dats of deceased (mo., day,		6.((c) It alive, give ageyears	21. I CERTIFY that death occurred on the date about	ve stated; that I attended dece	ased from 19
8. AGE: Years		Days	If less than one day	Acute congesti	ve heart	
49			hrs min.	failure		
tD. Usual occupation	Labor Charles I	er	ty.	Dus to	***************************************	
14. Maiden name. 15. Birthplace	·	Beran	c	(Include pregnancy within 8 m Major fiediass of operations	Date of op	
(Burial, eregation Cemetery or cremate Location	ortation or removal, Which?) ory Jose Lyatter 19.46	Date the	9 1948	22. VIOLENCE: It death was due to external cause Accident, aulcide, or homicide	(County) Injured al work?	(State)



Registrar

E OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

(Eor newborn to ants give realdence of mother)

		CERTIFICAT
1. PLACE OF TO ATH:	George	eo Ind
City or town(If our tite ci	ty or town limits, wri	te RURAL and give nearest town)
How long in above place of death? Hospital, institution, or street ac	Idress where death occ	urred.
How long in hospital or institulio	on?	······································
3. (a) FULL NAME	am	anda Llud
Lemale w	hite (a)	Single, married, widowed, or divorced
6.(b) Name of husband or wite	otis.	Lludrow
7. Birth date of deceased (mo., day, yr.)	Get 4	
77	onlhs Days	It less than one dayhrsmin.
9. Birthplace	(Town, county, a	and state)
11. Industry or business		
12. Name	uns	knowy
H 14. Maiden name	allie s	known
ma.	Atia &	ludrow.
10. Intormant	yatteri	
(Burial, cremation, or remo	Date	hereof (month) (day front)
Cemetery or crematory	y The	-in merry
Location	Beer	li sons-1
18. Funeral director	1000	-:00 201
Address	yalls	velle 1919 1

Street No(If rura	1, give LOCATION)
2.(a) If veleran, name war	
	3. (b) Social Security Number
ow	
MEDICA	L CERTIFICATION
2D. DATE OF DEATH.	n 30, 1948, at 2a
- //	ate above etated: that I allended deceased from
	194 3 to 19 3 4
and that I last eaw halive on	1-29 198
mmedist anse of death	DURATION
ind that I last eaw h all allve on immediate allve	nues Jule
bronelijak	2
ve to	9/48-ake
lue to	
ther conditions	
(Include pregnancy wit	
lajor fiadiags of operations	
	Date of op
Autopsy results	to which death should be charged statistically.
2. VIOLENCE: If death was due to exter	nal causes, fill in the tollowing;
ecident, sulcide, or homicide	Date of
Where did Injury occur?(City or t	own) (County) (State)
	(wheel)
njured at home, farm, Industry, public pla	tce (wherer)

FOR BINDING RESERVED MARGIN WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the equses of death clearly and

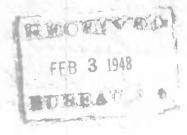
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(Date rec'd by registrar)



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00750 Pist No 2-32

CERTIFICATE OF DEATH

CERTITION	Reg, Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infantry give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Olin Hume D	3. (b) Social Security Number 377-28-02,08
4. Sex 5. Color or race 6.(a) Single, married, widowed or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH.
5.(b) Name of husband or wife Elvina Queen Queen S. (b) If alive, give age 3. 7. Years	21. I CERTIFY that death occurred on the date above stated; that I affended deceased from
7. Birth date of deceased (mo., day, yr.) Novamber 5 1911	and that I last saw h
8. AGE: Years Months Days If less than one day	le cut facual
9. Birthplace (Tewn, county, and atate)	Due to the first e head
10. Usuai occupation	Oue fo
12. Name Name Name Name Name Name Name Name	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name No. 15. Birthplace	Major findings ol operations
16. Informant Clis Days Alulay	Autopsy results
Address 17. (Burial, cremation, or remains, shiehr) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, lill in the following: Accident, suicide, or homicide
Cemetery or crematory Childs Child	Where did Injury occur?
18. Funeral director.	Meens of Injury Injured at work? Although your
Address Types Mastral 19	23. SIGNATURE M. P. worther
(Dafe rec'd by registrar) Registrar	Address Date signed



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.....

The state of the s		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County.	(For newborn infents give residence of mother)	
(If outside city or town limits, write RURAL and give nearest town)	State County County	
How long in above place of death?	(If outside city or town) myts, write RURAL end give hearest town)	
Mospilal, institution, or street address whore death occurred:	Street No. 5 miles north	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) It veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
nettee Closert Muley		
4. Sex 5. Color or raco 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
F W. Jungle	20. DATE DF DEATH. 3 0 Jan 1948 21 900 A M	
R (h) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6.(b) Hamo of husbaed or wife	23 Jan 1949, 10 30 Jan 48 18	
7. Birth dato of Service All S	and that I last saw h. L. alive on 29 Gan 1948	
doceased (mo., day, yr.) 8. A.G.F.: Years Months Days If less than one day	Immediate cause of death	
	Coronary Thomstone 18 min	
64 4 20 min.		
9. Birthplace (Town, county, and state)	Due to Assitessus elevative CV Lineage Wink	
10. Usual occupation. Clesk	No. 1-	
11. Industry or business U.S. Foremment	UBE 10	
12. Name Not val Edward Muley 13. Birthplaco Croom M	Dither conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Mary Annette Taylor 15. Birthplaco Croom Md	Major findings of operations.	
E 15. Birthplaco Croom Md	Date of op	
16. Informant Bernand Dearnald rule	Antopsy results.	
Address _ latter Titles mitchellaville med	PHYSICIAN: Flesse underline the cause to which death should be charged statistically.	
19-14810 4.6.3-48.	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Which) (month) (day) (year)	Accident, suicide, or homicide	
Cemotery or crematory St. Momus	Where did injury occur?	
Location Strom Milli	Injured at home, farm, industry, public place (whore?)	
18. Funeral director Pathie Brothers	Means of Injury Injured at work?	
Address When Maretorn Dung.	RILDA	
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23. SIGHATURE A CONTROL M. D.	
(Date rec'd by registrar)	Address Water Marlynn, Md Bate closed 30 Jan 48	

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MARYLAND STATE DEPARTMENT OF HEALTH

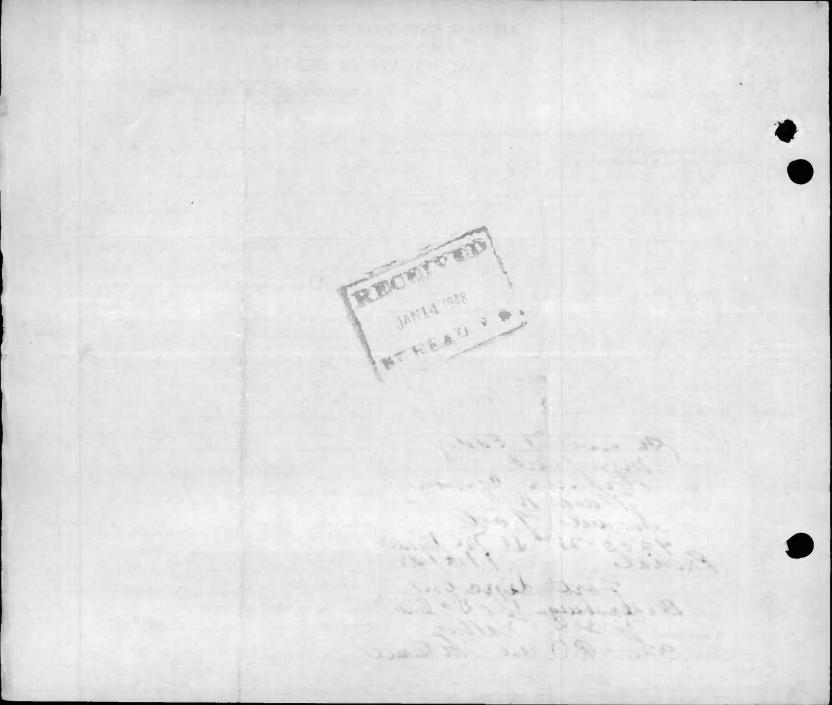
2411 N. Charles St., Baltimore

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CEDTIFICATE OF DEATH

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CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RSSIDENCE (HOME) OF DECEASED (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give mearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
4. Sex / 5. Color of face 6.(a) Single, married, wildowed, or diverged	3. (b) Social Security Number
pen White widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth date of deceased (mo. day, yr.) Nov 40 1568	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from 19 19 19 8 and that I tast saw if alive on 1948
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Andrés Vascular Alleras Clarine Due to Anna 1 8 Mars
10. Usual occupation. 11. Industry or business 12. Name. The second of	Other conditions
14. Maiden name Tradence Cynnol Comment of the Stripping	(Include pregnancy within 8 months of death) Major findings of operations
16. Informant Address 4203 25 Color Augustica Augustica (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Autopsy results
Location Blade Market State Control Co	Where did injury occur?
18. Funeral director Address 3200 - PA Cive Patt Saine Our 13 (Date rec'd by registrar) (Date rec'd by registrar)	23. SIGNATURE Doward I more him: 25 Earroll live Talsuma Partie of Ind 1/10/48



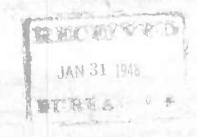
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICA	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County
3. (a) FULL NAME William gilbert	Eckles 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, w(dowdd, or divorced white married w(dowdd, or divorced for the first of th	20. DATE DF DEATH 20. DATE DF DEATH 21. I CERTIFY That death occurred on the date above etated; that I attended deceased from 19
7. Birth date of	and that I last saw halive on
8. AGE: Years Months Days If ices than one day	Immediate cause of death DURATION Due 10. Due
11. Industry or business was the state of th	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Comming Temples 15. Birthplace September Tonkins 16. Interment May Dane De Cokles	Major fiedings of operations
Address 28, 19 12 Land Land Date thereof (month) (day) (year) Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, eulcide, or homical Date of 1 2 7 - 4 8 Where did injury occur? Accident (City or town) (County) (State)
Location Fuschs sons 18. Funeral director Fuschs sons	Injured at home, farm, Industry, public place (where?) Means Danjor of self with a Injured Rank At Wards Leganty made at home farm, Industry, public place (where?)
Addrees Jan 59 (Date rec'd by registrar) (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or or or or and Address of Shestrally had Bale eigned 1-28 48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

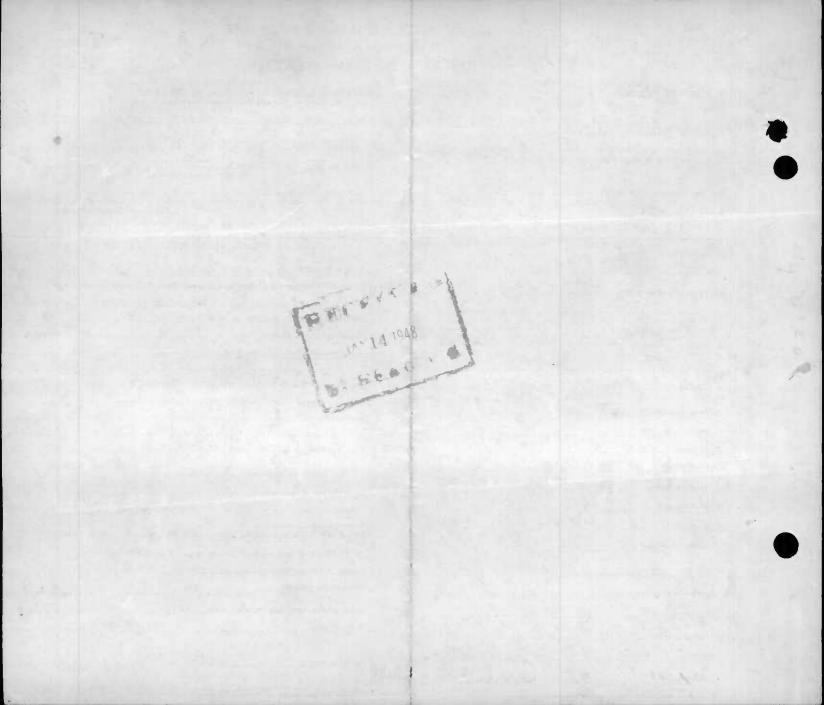
CERTIFICATE OF DEATH

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Reg. Dist. No. 242

1. PLACE OF DEATH: County CE GEORGE City or town TAIR MONT HOTS, (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECLASED: (For newborn infants give residence of mother) State
How long in above place of death? Hospital, Institution, or streef address where death occurred:	(If outside city or town limits, white RURAL and give nearest town) Street No. 5 7.1 40.5 - 5.1. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, nams war
3. (a) FULL NAME	3. (b) Social Security Number
ann Smith Edwards.	None.
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
F. CoL. WiDOW	20. DATE OF DEATH 40 DURLEY 10 19 49 219:45 P. M
6.(b) Name of husband or wife WM, EDWARDS (DEC)	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of Second (mo day yr.) MAV 12. 1852	and that I last saw h. Q alive on J. O. T. U. O. T. V. O. 194 8
deceased (mo., day, yr.) 17/7 / 2, 70 5 2 8. AGE: Years Months Days tf less than one day	Immediate cause of death
8. AGE: 95 hrs	Combral accident
9. Birthplace. Zie H MON D. VA. (Town, county, and atate)	Oue to Essential Hypertension
10. Usual occupation	Due to
11. Industry or business	
12. Name RoBERT SMITH 13. Birthplace VA.	Other conditions Mepheaselecases
	(Include pregnancy within 3 months of death)
14. Maiden name HARRIETT PRICE 15. Birthplace VA.	Major findings of operations
15. Birthplace VA.	
18. Interment MRS. ANNIE E. KING	Antopsy results
Address 5711 JoST ST., N.E.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17	22. VIOLENCE: If death was due to esternal causes, fill in the following: Accident, suicide, or homicide
	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory	(City or town) (County) (State)
Location Robert B. By & Pluise	Means of Injury
18. Funeral director	
Address 1820 - 9 25 St., N. W.	23. SIGNATURE
19 Jan 11 19 48 Carrie F. Campbell	1024 DE M.D. of other
Unate ree a by registrar)	Wash 19. V.C.



Date rec'd by registrar)

Months

(Town, county, and

Date Thereot.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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6.(a) Single, married, widowed, oc divorced

6.(c) If alive, give age

It less than one day

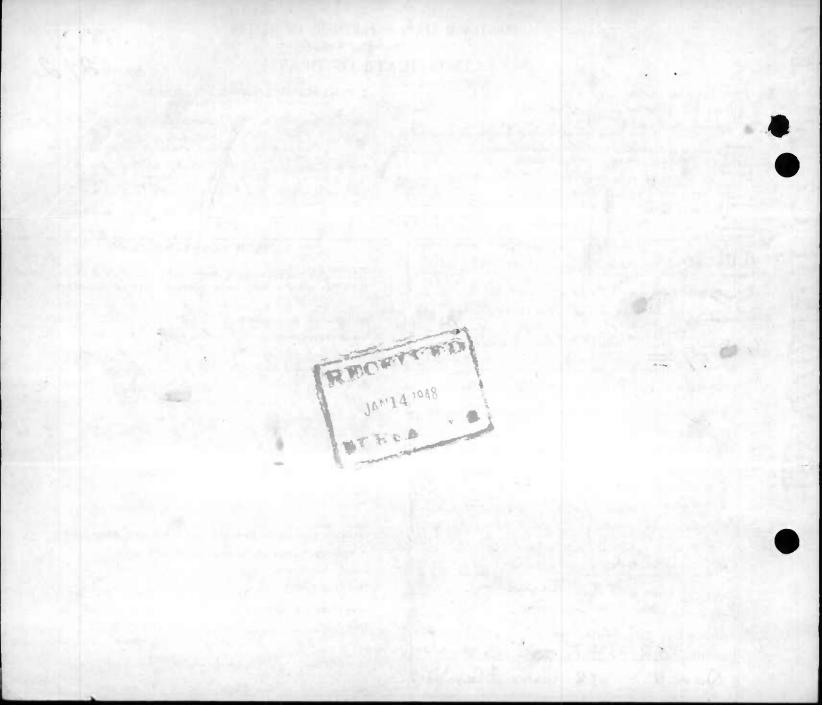
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W. min.

23. SIGNATURE

Registrar

E OF DEATH	Reg. Diat. No	172
2. USUAL RESIDENCE (HOME) OF D		
State Manyland County	June >	
City or town (If outside city or town limits, w	U-tural	()
Street No. 5875 ald	temk	
, , , ,	CATION)	-
2.(a) It veteran, name warV 17. L.D	NAK -	
Levardo Ar	3. (b) Social Security	Number
MEDICAL CER	TIFICATION	
2D, DATE OF DEATH	11 1048	30%
21. I CERTIFY that death occurred on the date above s	lated; that I attended dece	ased from
19	, 10	19
and that I last saw halive on		19
Immediate cause of death		DURATION
flereth com	John John John John John John John John	
near Jacke	20	***************************************
Due 10	- 0	***************************************
per a comment		***************************************
Dule 10	***************************************	* *************************************
Other conditions	***************************************	
127		* ***********************
(Include pregnancy within 3 mon	ths of death)	-1
Major findings of operations	***************************************	
	Date of op	
Autopsy results		statistically.
22. VIOLENCE: It death was due to external causes,	till in the following:	
Accident, suicide, or homicide	Date of	
Where did injury occur?(City or town)	(County)	(State)
Injured at home, tarm, Industry, public place (where	?)	
injured at nome; tarm, madetty, pas c prace (where	.,	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Date signed

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infagts give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 5gle	MEDICAL CERTIFICATION 2D. DATE OF DEATH
6.(b) Name of husband or wife	21 TERTIFY that death occurred on the date above stated: that attended deceased from 19. 4. 10. 119. 4. 119. 4. 119. 4. 119. 4. 119. 4. 119. 4. 119. 4. 119. 4. 119. 4. 119. 4. 119. 4. 119. 119
8. AGE: Years Months Days If less than one day	Burchitian Due to Pulmonary alraghy
10. Usual occupation Dalesman — Netherland — 11. Industry or business 11. Name — Franck — Espay 13. Birtholace — D. C.	Due to. Chronia glimerulany histia
14. Maiden name Muna Mitabell 15. Birthplace DC, D	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
Address 4 30 8 Homelton St. Hyalte. 17. Burial Bration, or removal, Which?) Date thereof (month) (day) (year)	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 27. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory My Clavesh Location Machines South	Where did injury occur?
Address Agallsville W.S. 19. / 10: 1948 Amanda Dourse Registrar	23. SIGNATURE M. D. or other Address Date signed A



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	Reg. Dist. No. 45
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Colored Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH, COLY 1000 19.48 at 44 A
8.(b) Name of husband or wife Charles Frazier (deceased) 6.(c) If allve, give age years 7. Sirth date of deceased (mo., day, yr.) April 23, 1885	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
62 62 8 19hrsmin.	Velue mare delear adoris 2 gr
9. Birthplace Washington, D. C. (Town, county, and state) 10. Usual occupation Days Work 11. Industry or business	Dialetes Meller 6 Mo
12. Name Robert Payne	Dther conditions
13. Birthplace ? ? 14. Malden name Mary Howard 15. Birthplace ? Virginia	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Informant Deceased	Autopsy results
Address 17. (Burnal, cremation, or removal, Which?) Cemetary or crematory Location 18. Funeral director. Control of the c	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
19. (Date gee'd by registrar) 19.4 8 Rowlond S. Philips Registrar	23. SIGNATURE Daviel L&D Fine Can MD. M. D. or other Address Slenn Dale MA. Date signed 1/4/48

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

MARYLAND STATE	DEPARTMENT OF HEALTH arles St., Baltimore 00758
	ATE OF DEATH Reg. Diat. No. 243
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number
Female Colored Single	MEDICAL CERTIFICATION
6.(6) Name of husband or wife	and that I last saw h. L. alive on
36 36 8 19hrsmin.	Immediate cause of death DURATION Tulerculosis Tulerculosis
9. Birthplace Curvin, Georgia (Town, county, and state) 10. Usual occupation ————————————————————————————————————	Due to
12. Name Edward Glover 13. Birthplace ? Georgia	Dither conditions
14. Malden nameLudie Heard	(Include pregnancy within 3 months of death) Major findings of operations.
Address	Autopsy results
(Burial, cremation, or removal, Which?) Cemetery or crematory. Location	22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide
Address # 30 "H" St. N.E. Wash. D.C. 9. (Date ryled by registrar) Registrar	Means of injury Injured at work? 23. SIGNATURE A aniel Let Finiscan M. D. or other Address. Leng Date M. Date signed 1 444



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. Z.40

1. PLACE OF DEATH: County Since Sega	2. USUAL RESIDENCE (HOME) OF DECLASED: (For pewborn infants give residants of moth, r)
City or lown	State County Mills County
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
dospital, institution, or street address where death occurred:	Street No
How long in hospital or Institution?	2.(a) If veteran, nams wer
3. (a) FULL NAME Na a man and a Hannet	3. (b) Social Security Number
4. Set 5. Color of race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
remale white marriedy	20. DATE OF DEATH. 20 15 19.48 at 1:45
8.(b) Name of husband or the James D. Brant	21. I CERTIFY that death accoursed on the date above stated; that I attended deceased from
7. Sirth date of deceased (mo., day, yr.)	and that I last sew h. Ex. alive on Joug 1847
8. AGE: Years Months Days If less than one day	Immedia: cause of death Ouration 7/ascular Collapse DURATION
300 dhrs.	nn.
8. Birthpiace (Town, coonty, and syste)	Due to Vienoslivas
10. Usual occupation	Due 10. Provide odnie Carcinoma
12. Name Games Hayde	Diher conditions Deffuse Chicanomic
14. Maiden name Ama Neyde 15. Birthpiace Gaden Maryland	(Inchide pregnancy within 8 months of death) Major findings of operations.
15. 8irthplace Buden, Maryland	
18. Informant Joseph Ryde & Buthe	Autopsy results
Address Bagin, md.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Bulker, md.	Injured at home, farm, Industry, public place (where?)
Y The gent	Means of Injury Injured at work?
Address Suffer Mashow Ma	Clark R Lapen, M.A
19. Jan 16 1848 F. H. Bellingsley Watere dy registrar)	23. SIGNATURE M. D. or pther trar Address Quesco, M. Date signed M. S. 19.

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4. Sex

Male

7. Birth date of

15. Birthplace

16. Informant

8. AGE:

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Prince Georges (For newborn infants give residence of mother) Glenn Dale Maryland (If outside city or town limits, write KURAL and give nearest town) State Maryland Silver Spring (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: 6503 Sharon Drive, Silver Spring, MD. Glenn Dale Sanatorium (If rurai, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number GRIGGS 579-07-0369 MEDICAL CERTIFICATION White Married an 22 19 48 16 2 A Evelyn Griggs 6.(b) Name of husband or wife..... 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 15, 1047 10 Jan 22, 1048 July 2, 1903 deceased (mo., day, yr.) Years Monthe If lese than one day hh 20hre. Charles County, Maryland
(Town, county, and state) Policeman 10. Veual occupation.... 11. Industry or business 12. Name Charles W. Griggs 13. Birthplace St. Mary's County, Maryland Ada Dows (Include pregnancy within 3 months of death) 14. Malden name... England Major findings of operations..... Deceased PHYSICIAN: Please underline the cause to which death should be charged statistically. 17. Kem ovel (Burial, cremation, or removal, Which?) 22. VIOLENCE: If death was due to external causes, fill in the following: (month) (day) (year) Date thereof ... Accident, suicide, or homicide..... Where did Injury occur? Cemetery or crematory..... (City or town) Injured at home, farm, Industry, public place (where?) Meane of Injury Injured at work?



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF I (For newborn infants give residence of mo	other)	
City or town Canadaus		
(If outside city or town limits, v	write RURAL and give nearest town) OCATION)	
2.(α) If veteran, name war		
	3. (b) Social Security Number	
MEDICAL CER	RTIFICATION	
20. DATE OF DEATH Cultury 13	10 48 01 7: 45%	
21. I CERTIFY that death occurred on the date above	stated; that I attended deceased from	
19	, to19	
and that I last saw halive on	19	
Immediate cause of death	DURATION	
hamanher		
Due to. Canalana	egles	
perol des	200	
Due to		
Dther conditions		
(Include pregnancy within 3 mor	nths of death)	
Major fiedings of operations		
0.10-6-0	Date of op	
PHYSICIAN: Please underline the cause to which	h death should he charged statistically.	
22. VIOLENCE: If death was due to external causes	s, fill in the following;	
Accident, suicide, or homicide	Date of	
Where did injury occur?(City or town)	(County) (State)	
Injured at home, farm, Industry, public place (where	e?)	
Means of injury	Injured at work	
leguty red	upper gracer	
23. SIGNATURE	M.D. or other	
(Land a lately	1 111	

1. PLACE OF DEATH: (If outside city of town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred How long in hospital or Institution?. 3. (a) FULL NAME 4. Sex 6.(c) If alive, give age 7. Birth date of deceased (mo., day, yr.) Days 8. AGE: Months If less than one day (Town, county, and state) 1D. Usual occupation. 11. Industry or business 13. Birfhplace 14. Maiden na 15. Birthplace 14. Maiden name 16. Informant Address Date thereof. (Burial, cremation, or removel, Which?) (month) (day) (year) (Date reo d by registrar)



PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

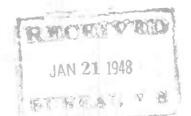
2411 N. Charles St., Baltimore

00762

CERTIFICATE OF DEATH

g. Dist. No. 2-45

1. PLACE OF DEATH: GOUNTY. LE LEAGUES	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give regidence of mother)
City or town Riverdale md.	State Maryland County No. Jaco-
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	
Leland memorial Hospital	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mr. MC Clellan Henderson	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. W. Widowed	20. DATE DE DEATH 17 194 2 21 3 43 0.1
6.(b) Name of husband or wife Scalie Roberts.	21. I CERTIFY that death occurred on the date above stated; that I affended deceased from
deceased 6.(c) It alive, give age years	Jan 14 19.48, 10 Jan 17 19.48
7. Birth date of 10 10 41	and that I last saw h was alive on & a 47, 19.4
accesses (mo.; es); his	Immediate cause of death
6. AGE.	Julmonary Tuberculosio 24rs?
62 10 27hrsmin.	1
9. Birthplace North Carolina (Town, county, and state)	Due fo
10. Usual occupation Carpenter	
1D. Usual occupation	Due to
11. Industry or business	
12. Name Len Henderson 13. Birtholace North Carolina	Dther conditions
	(Include pregnancy within 3 months of death)
# 14. Maiden name. Lester	Major findings of operations.
14. Maiden name. Hester ? 15. Birthplace North Carolina	Major hadings of operations. Date of op.
16. Informant Haspital records.	Aotopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 20 1846	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or regroval, Whileh?) Date thereof au 30 /948 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or compatory loldar Afill Cemels	Where did injury occur?
Sulland mariland	
Location	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
18. Funeral director	Means of Injury Injured at work?
sopress Thy allarille my.	I W Malin MA
Jan 19 48 Jany Sering	23. SIGNATURE M. D. or other
(Date and Micrograms)	Man of werdale hed and 1-19-4



PLAINLY, WITH UNFADING INK. Supply every item of information carefull is especially important. Physicians: please write the causes of death clearly and

PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

00763

CERTIFICATE OF DEATH

Rog. Dist. No. 2 43

1. PLACE OF DEATH: Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town (If outside city or town limits, write RURAL and give nearest town)	State D. C. Couoty	
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 5 years, 10 months, 1 day Hospital, institution, or street address where death occurred:		
Glenn Dale Sanatorium	Streel No. 120 11th Stas S. E. (If rural, give LOCATION)	
How tong to hospital or institution? 5 years, 10 months, 1 day	2.(a) tf veteran, name war	
3. (a) FULL NAME		
ALICE HOVERMILL	3. (b) Social Security Number	
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Married	20. DATE DF DEATH. JAN. 22 1948 at 6:45 P.	
8.(b) Hame of husband or wife Frederick Hovermill	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from	
	MAR. 23, 1842, 10 JAN. 22 18 48	
T. Birth date of	and that I last saw h C.F. slive on JAN. 22 18 48	
deceased (mo., day, yr.) March 24, 1864	Immediate cause of death	
8. AGE: Years Months Days If less then one day	Pulmary Interculars 6 yr	
8. Birthplace Berkley Springs, West Virginia (Town, county, and state)	Due 1o	
t0. Usual occupation	Due to	
ti. industry or business		
t2. Name Henry Fearnow t3. Birthplace ? West Virginia	Other conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Mary Jane Bohrer		
14. Malden name Mary Jane Bohrer 15. Birthplace ? West Virginia	Major findings of operations	
Deceased	Date of op.	
16. Informant	Autopsy results	
Address	22. VIOLENCE: tf death was due to externel causes, fill in the following:	
17 Reusoal (Burial, cremation, or removal, Which?) Oate thereof the footh (day) (year)	Accident, suicide, or homicide	
(Burial, cremation, or removal. Which?) (gooth) (day) (year)		
Cemetery or crematory	Whers did injury occur?	
Location Derkley openings West Virginia	tnjured at home, farm, tndustry, public ptace (where?)	
18. Funeral director F. Gasch's Sous	Menns of Injury Injured at work?	
01 414-10 01.1	(D) . D P D.	
Address Againsville ma.	23. SIGNATURE A David Leo Finelcane MX	
19 Jan. 23 19 48 Kowland & Philips	M. D. or other	
(Date for d by registrar) Registrar	Address & leng x /ale // Opaia signed 1-22-48	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00764

CERTIFICATE OF DEATH

CERTITICA	Reg. Dist. No.
PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State
How long in above place of death?	sing 190.79 Walkar mild Poad
How long in hospital or institution?	. 2.(a) II veteran, name war
3. (a) FULL HAMID margaret Hunt	3. (b) Social Security Number
4. Sex 5. Color or race 6. C	MEDICAL CERTIFICATION
Ferral White married	20. DATE OF DEATH
6.(b) Name of husband or wife Ruley / tunk	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) Il alive, give age	
7. Birth date of deceased (mo., day, yr.) Sehd 17. 188	and that I fast saw h alive on DURATION
8. AGE: Years Months Days If less than one day hrsmin.	Shock and Heumling
	Q A A O to make
9. Birthplace	Due to
10. Usual occupation. Arusaurija	Due to.
11. Industry or business Gun Home	
12. Name	Dither conditions Broncel of Lieuwine
	(Include pregnancy within 3 months of death)
14. Malden name. Luchu	
14. Malden name	Major findings of aperations
1	Autopsy results
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Harry - Second S. Modurits	22. VIOLENCE: If death was due to external causes, Illi in the following;
(Burial, cremation, or removal, Whigh?) Date thereol	Accident, suicide, or homicide
Cemetery or croppatory Washington National	Where did injury occur?
Location Suitland Al Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director M. Th. Chambus &	Msans of injury injured at work?
Address 5 1 9 - 11 th 32 Wash. Mg	() - 1 2 3 - 1
1/16 us Querela Works	23, SIGNATURE
19. (Date rec'd by registrar) Registrar	Address Tarestvill Man Date signed 16-48



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BINDING MARGIN RESERVED FOR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00765

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Ounty Prince George's County Chevely City or town. Chevely (If outside city or town limits, write RURAL and give nearest town) How long in above piace of death? 4 hours Hospital, instilution, or street address where death occurred: Prince George's General Hospital How long in hospital or institution? 4 hours	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Prince George's City or town Mount Rainier (If outside city or town limits, write RURAL and give nearest town) Street No. 4010 33d Street (If rurat, give LOCATION)
JAMES LEACH HUTCHINSON SR.	2/3/6/126 127
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH January 28, 19 48 21 6:00P
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years Months Days If less than one day 61 2 21	Immediate cause of death DURATION
9. Birthplace New Jersey (Town, county, and state) 10. Usual occupation Stone Setter 11. Industry or business 12. Name Samuel R. Hutchinson 13. Birthplace England 14. Maiden name Margaret Hayworth	Due to
14. Maiden name Margaret Hayworth 15. Birthplace England	Major findings of operations
16 Informant Miss. Frances Hutchinson Address 4010 33d St., Mt.Rainier, Md.	Actopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. (Burial, cremation, or removal, Which?) Cemetery or crematory Stash Mattle (month) (day) (year) Location W. W. CHAMBERS COMPANY Address 5801 Cleveland Ave., Riverdale, Mc 19. (Date rec'd by registrar)	22. VIOLENCE: tf death was due to external causes, till in the tollowing; Accident, suicide, or homicide



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

() () 760 Reg. Dist. No. 242

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Eas newborn infants give residence of mother)		
County And Type	huse land (Prince & Some		
(if outside city or town limits, write RURAL and give nearest town)	State County		
1 m	City or town. (If outside city or town) limits, write RURAL and give nearest town)		
How long to above place of death?			
	Street No		
How long In hospital or Institution?	2.(a) If veteran, name war		
3. (a) FULL NAME Onlin Elzabeth Jacks	3. (b) Social Security Number		
4. Sand 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
5. Color or race 6.(a) single, married, widowed, or divorced			
Minch such July	20. DATE OF DEATH 5 1848, 21 7:30P		
a divide a di servicio di serv	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(6) Name of husband or wife	July 30 1977 10 Gran 5 1945		
7. Birth date of 30 (6 40)	and that I last asw harmalive on Jun 5 19 45		
deceased (mo., day, yr.)	Immediato cause of death DURATION		
8. AGE: Years Months Days If less than one day	Bronkopninnonia 3 days		
0 5 Jhra			
To ead Tomban med ON	Due to		
9. Birthplace (Town, county, and atate)	DUE 10.		
10. Usual occupation of the			
t1. Industry or business	Due to		
12. Name Arank Office Junes 12. Name Arank Office July Duly Duly	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name clas Sarah Orine 15. Birthplace Seabook Dry			
15 Birthologo As Speed mad	Major findings of operations		
1 6 0 1	- Date of op		
16. Informant	Autopsy results		
Address Angh Infram he	22. VIOLENCE: If death was due to external causea, fill in the following:		
17 Burial Date thereof Jan 6 1968			
(Burial, cremation, or emoval, Which?) (month) (day) (year)	Accident, aulcide, or homicide		
Cemetery or crematory the telegral to the state of the st	Whera did injury occur?		
Location Glenn Dala ml -	Injured at home, farm, Industry, public place (where?)		
2. L. (1 \la . L G d)	Maana of Injury Injured at work?		
18. Funeral director	1 1 1 1 1 0 0 00		
Address Lincoln Landam md	- Ilalest & by Temper & U		
Jane 6 11 M. 10. 1. A -AB	23. SIGNATURE. M.D. or other		
(Date rec'd by registrar) Registrar	A HO2 main It James) Red pate signed 1/5/48		
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WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICA	TE OF DEATH Reg. Dist. No. 243	
1. PLACE OF DEATH: County Prince Georges City or town Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 day Hospital, institution, or sireel address where death occurred: Glenn Dale Sanatorium How long in hospital or institution? 1 day	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
ROSIE JAMES	3. (b) Social Security Number	
Female Colored Married 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH	
8.(b) Name of husband or wife Jessie James (common-law) 7. Birth date of deceased (mo., day, yr.) September 1, 1897	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 3/ 19.7.7. to 29.0./ 19.7.7. and that I last saw h. 2.0 alive on	
8. AGE: Years Months Days It less than one day	Pulmanary Tuleraloro 5 miles	
9. Birthplace	Due to	
14. Maiden name Mary Anderson 15. Birtholace ?	(Include pregnancy within 3 months of death) Major findings of aperations	
Address 17. R=17arAL (Burial, cremation, or removal, Which?) Cemetery or crematory. Location	Autopsy results	
18. Funeral director. A.	23. SIGNATURE Daviel Leo Pinucane M.D. or other Address. Sleven Dale Mal. Date signed 11/48	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charle	es St., Baltimore 12/2 ()(1765
CERTIFICAT	TE OF DEATH Reg. Dist. No. 242
1. PLACE OR DEATH: Count) City or town: (If outside city or town limits, write RURAL and give nearesthown)	2. USUAL RESIDENCE (HOME) OF DECEMBE: (For newborn infants gavy residence of potters) State
How long in above place of death?	Street Re. (If ourside city or town) limits, write A II/AL and give nearest them)
How long to hospital or institution?	2.(a) 11 veteran, name war
Man Jours Jame	3. (b) Social Security Number
Sex by rice b.(a) Single, married, indowed, or divorced	MEDICAL CERTIFICATION 20. BATE DF DEATH. 1948, at 1923
6.(c) Name of husband or wife	21. I CENTIFY that double occurred on the fale above baled: http://de.initian.com/
7. Birth date of deceased (mo., day, yr.)	and that I last saw the Alive in
8. AGE: Years Months Days it less than one dayhrsmin.	Immediate cause of death DURATION
9. Birthplace	Due to Due to
11. Industry or business	V
12. Ramel	(Include pregnancy within 8 months of death)
14. Maiden name	Major findings of operations
18, Integram	Autopsy results. PHYStCIAN: Flease underline the cause to which death should be charged statistically.
(Burial, cremation, or remayal, Whichi) (Burial, cremation, or remayal, Whichi)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Gemetery or gematory. Alfredity and tare	Where did injury occur?
Localido Maria Calanda Colonia de La Colonia	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
200 0 - 14 MW. Nowh DO	23. SIGNAPURE Ruabaara
19. Jan 7 19 4 8 anasta Monte	DESTRUCTION OF THE P. OF OTHER

the service & service with alpate a thinkney of Assistant (1845) JAN 22 1948 · (本等在了图片 ad and the state of Salvariur in Light of the

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	TE OF DEATH Reg. Diat. No.	
I. PLACE OF DEATH: Prince George's County Prince George's City or lown University Park (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: 4312 Clagett Road How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 4312 Clagett Road (If rural, give LOCATION)	
now long in nospital or institution? 3. (a) FULL NAME	2.(a) 11 veteran, name war.	
John Gamewell Jenkins	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Married	20. DATE OF DEATH January 30 19 48 21 7:000	
6.(b) Name of husband or wife Valerie Jenkins	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of Secret 30 3007	and that I last saw halive on	
deceased (mo., day, yr.) May 30, 1901 8 AGF - Years Months Days It less than one day	Immediate cause of death	
8. AGE: Years Months Days It less than one dayhrsmin.	Hemorrhage and shock	
9. Birlhplace	Due to Gun shot wound of the chest and abdomen Oue to Other conditions (Include pregnancy within 3 months of death) Major findings of operations Date of op.	
Address University Park, Md. Cremation (Burial, cremation, or removal, Which?) Cemetery or crematory Location 18. Funeral director Address 19. January 19. Ja	Actopsy results. PHYSICIAN: Please underline the cause to which death abould he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide	



WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

g. Dist. No. 243

1. PLACE OF DEATH: County Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county	
City or town	City or town Washington (If outside city or town limits, write RURAL and give nearest town) Street No. 649 Keefer Place, N. W. (If rural, give LOCATION)
How long in hospital or institution? 6 months, 1 day	2.(a) It veteran, name war.
3. (a) FULL NAME JOSEPH JOHNSON	3. (b) Social Security Number 577-12-6947
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Separated	20. DATE OF DEATH JAN. 23 1848 10 15 A. M
6.(6) Name of husband or wife Juanita Johnson 6.(6) If olive, give age 26 years 7. Birth date of 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 23. In 48.
deceased (mo., day, yr.) September 14, 1908	Immediate causa of death
8. AGE: Years Months Days It less than one day 39 4 9 hrsmin.	Puluonary Tubarculais 9 mos
9. Birthplace. Washington, D. C. (Town, county, and state) 10. Usuel occupation. Cleaned fish	Due to.
11. Industry or business 12. Name	Other conditions
	Major findings of operations
16. Informant Deceased	Autopsy results
17 Date thereot 23 - 78 (Burial, cremation, or removal Which?) Cemetery or crematory Comparison Comp	22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director M. Condition of the	Means at Injury Injured at work?
19. Jan 23, 1948 Rowland & Philips (Date lec'd by registrar)	23. SIGNATURE AND ANGEL AND TIMECAN M. D. or other Address Levy Lace Ma Bate signed 1-23-48



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1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

Reg. Diat. No.

CERTIFICATE OF DEATH

County Prince Georges City or town Glenn Dale, Maryland	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)	
City or town Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)	State D. C. Couchy	
(If outside city or town limits, write RURAL and give nearest town)	City or town Washington	
How long in above place of death? 1 day	City or town Washington (If outside city or town limits, write RURAL and give pearest town) Street No. 2148 O. St., N. 10, Apt. #209	
Hospital, Institution, or street address where death occurred:		
Glenn Dale Sanatorium How long In hospital or institution? 1 day	(If rural, give LOCATION)	
	2.(a) If veleran, name war	
NELLIE WINE JONES	3. (b) Social Security Number	
o.to/olingle, inallied, widowed, of divorced		
Female White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. A.N. 30 1948 21/0 25 p.	
S (b) Name of host and as a Marian Thomas C. James	20. DATE OF DEATH	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended doceased from	
7. Birth date of	11: 3AM JAN. 30 19 48 10 JAN. 30 19 48	
deceased (mo., day, yr.) December 15, 1898	and that I last saw h. R.K. alive on	
8. AGE: Years Months Days If less than one day	Insulate and the second state	
il less than the day	Parker of and Albania	
49 49 1 15hrsmin.	2.47	
9. Birthplace Marshall, Virginia		
(Town, county, and atate)	Oue to	
10. Usual occupation		
11. Industry or business	Oue to	
E t2. Name William Wine	***************************************	
12. Name William Wine 13. Birthplace Marshall, Virginia	Other conditions	
Annie Teenend	(include pregnancy within 3 months of death)	
pie 14. maigen name		
Marshall, Virginia	Major findings of operations.	
December		
16. Informant Deceased	Autopsy resolts	
Address	PHYSICIAN: Please ooderline the caose to which death should be charged statistically.	
12 Junio 2 2/2/18	22. VIOLENCE: It death was due to external causes, till in the tollowing;	
(Burlal, cremation, or removal, Whigh?) Oate thereot. (month) (day) (year)	Accident, suicide, or homicide	
[] [] [] [] [] [] [] [] [] []	Date of	
Lance year (annuly	Where did injury occur?	
Location Many Land.	Injured at home, tarm, Industry, public place (where?)	
18. Funeral director the 1th Missis Co	Money of total	
	Injured at work?	
Address 2901 14th St 7/1.11.	(1) . (1)	
1 00 11512 0 10000	23. SIGNATURE A Dauly LOD - Finelcane Mt)	
19. Freb. 2, 18 48 Rowland & Plulys	M. D. or other	
Registrar	Address Alana Hale M. Date signed 1-31-48	
	all of the contract of the con	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

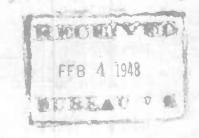
			Reg. Diat. No	XS1
1. PLACE OF I	DEATH: Prince	George's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Cheverly			State Maryland County Prince George's	
City or town. Cheverly (If outside city or town limits, write RURAL and give nearest town)		limits, write RURAL and give nearest town)		
How long in above place of death? 2 days		ays	City or town Landover	iearest town)
	or street address where		Street No.	
Figure	ice George	s General Hospital	(If rural, give LOCATION)	
	or institution? 2 da	ays	2.(a) It veteran, name war	
3. (a) FULL NA	ME		3. (b) Social Securit	y Number
Harry	Linton			
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
M	W	Married	20. DATE OF DEATH. January 31 1948	7:03P
	Month	n P Tinton	21. I CERTIFY that death occurred on the date above stated; that I attended de	
6.(b) Name of husba		a R. Linton 6.(c) If alive, give age yes	James 29 1348 10 James	3/ 19 4
7. Birth dale of deceased (mo., da	у. уг.) May 3,		and that I last saw h minalive on January 31	
	ars Months	Days If less than one day	Immediate cause of death	OURATION of Cours
. 79	8	27hrsmi	n. Carstonal hammanhagen	arry
9. Birthplace	Virginia Retire	., county, and state)	Due to Styfperturning	Makun
10. Usual occupatio	Mo 1717	Yard	Due to Matsuinsellarossis	Unknow
H 12. Name	Jerome Li	***************************************	Diher conditions Disberties mellitus	Unknow
14. Maiden nam	Laura .	Arnold	(Include pregnancy within 3 months of death)	
TO TY. Mandell Man	Mar	vland	Major findings of operations.	***************************************
			Date of op.	A Rock and and
16. Intermant	Hospital Re	ecoras	Autupsy results	
Address			PHYSICIAN: Please underline the canse to which death should be charge	d statistically.
13.	min 0	Tol. 3 19118	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremati	ion, or removal Which	Date Ihereof (month) (day) (year)	Accident, suicide, or homicide	200
Cemetery or crem	Care Con	aressional	Where did Injury occur? (City or town) (County)	
Jennetery or Grem	2600	At OB		(State)
Location	washing	Injured at home, farm, Industry, public place (where?)		2
18. Funeral director	W. The	Chambers Co.	Means of Injury Injured at work?	
Address 58	0/ Chenela	I are Pinerhale M	23. SIGNATURE Lulius Dauffran	m. o.
19. Q 2	registrar)	Unorda Vorne	(-1122 A)	1/3//4x

MARGIN RESERVED FOR BINDING

PLEASE WRITE

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WRITE PLAIN is espec

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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3 DIACE OF DEATH	Reg. Dist. No.		
1. PLACE OF DEATH: CountyPrince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or fown. Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)	State D. C. County		
How long in above place of death? 1. year 13 days	City or town Washington		
Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give peacest town)		
Glenn Dale Sanatorium	Street No. 160 Ridge St., N. W. (If rural, give LOCATION)		
How long to hospital or institution? 1 year, 13 days	(If rural, give LOCATION)		
3. (a) FULL NAME	2.(a) 11 veteran, name war.		
NANCY LUCAS	3. (b) Social Security Number		
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female Colored Separated			
Deparated	20. DATE DF DEATH. January 9. 19. 4.8. 21. 6.10 F		
6.(b) Name of husband or wife Floyd Lucas	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of			
deceased (mo., day, yr.) December 25, 1899	and that I last eaw h. R.L. alive on Jan 9 19 478		
8. AGE: Years Months Days 11 less than one day	Immediate cause of death		
148 148 0 5	Rulmonary Tuberculodis 1/2 yr		
9. Birthplace Wilson County, North Carolina (Town, county, and state)	Due to.		
House our for			
	Due to		
11. Industry or business			
12. Name Bill Blunt State Bill Blunt Bill Blunt	Dther conditions		
14. Maiden name Lulu Vicks Wilson, North Carolina	(Include pregnancy within 3 months of death)		
Wilson, North Carolina	Major findings of operations		
16. Informant Deceased	Autopsy results		
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Remark Town 1/9	22. VIOLENCE: 11 death was due to external causes, till in the following;		
(Burial, cremation, or removal, Which?) Date thereof JAN. // 8 (month) (day) (year)	Accident, eutcide, or homicide		
Cemetery or crematory To Washington DC	Whose did fature accord		
	Where did injury occur?		
Location	Injured at home, farm, Industry, public place (where?)		
18. Funeral director. It. Ernest Janes Ca	Means of injury Injured at work?		
Address 14 32 nr. W. W. V.	(1) : 0 P M		
1 10 10 100	23. SIGNATURE & James Lep France M. F.		
19. Jan. 116 16 48 1 Soutand S. Philips	M. D. or other		
(Date pc'd by registrar) Registrar	Address & leng Hale Ma Date signed 1/9/48.		



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants kive residence of mother)
County Marie Alexander	State Maryland County Turned Step
City or town	Position state and
How long in above place of death?	(If outside city or town limits, write RUDA) and rive nearest town)
Hospital, institution, or street address where death occurred	Street No. (If rural, give LOCATION)
How long in hospilal or institution?	2.(a) If veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
	HESON. William
4. Sex 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH JON 10 1948 21 7.40A.
Lillian & Matheor	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	ang 6 19 47 10 Jan 9 19 48
T. Birth date of OVal + 172. 100	and that I last saw h Lamalive on Dan 9 19.48
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
Ade: 60 hrs. 0 mm	in.
Oliver Piter Varion	11 7 No 110
9. Birthplage (Town, county, and parte)	Due to A Melliner Term parker
10. Usual occupation Machines	And Andrews
11. Industry or business	Due to.
Della IV a .	Other conditions arthurus
12. Name John Millesore 13. Birthplace Unk	
	(Include pregnancy within 3 months of death)
71 6	Major findings of operations.
15. Birthplace County County County	Date of op.
16. Injurior Description	Autopsy results
Address // Wash. Blug, Ales, Ages, 7	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burisl, cremation, or remove) Which) (Burisl, cremation, or remove) Which)	Accident, suicide, or homicide
radas Aliole	Where did Injury occur? (City or town) (County) (State)
Cemetery or crematory	Injured at home, farm, industry, public place (where?)
Location December 1	Means of Injury Injured at work?
16. Funeral direct W. W. Chamber	
Address 5/7 //8 ## 8/- 8.	- 23. SIGNATURE Colas. V. Sate M. K.
Jan. 10 1 48 Carrie 7 Comptell	335 W . * M & M. D. or other
(Jato rec'd by registrar) Registr	rar Address 3 3 w st /V. E., Date signed //10/48



PLEASE WRITE PLAIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

eg. Dist. No. 342

	the state of the s
1. PLASE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants, give residence of mother)
County County Conge's	State manifold county Prival Garage
City or town	City or town Christon
How long in above place of death? #	(If outside city or town limits, write RURAL and give nearest town)
Clauserfield herne	Street No. (If rural) give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Jack Ellsworth n	1 = allester 3. (b) Social Security Number
4. Sex S. Cofor or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
neale White Angle	20. DATE DF DEATH
a (b) N (b) shad as wife	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from
6.(b) Name of husband or wife	19 19
7. Birih date of	and that I last saw halive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
3 26hrsmin.	
9. Birthplace Washington DC	Que to askerstin of resugested
(Town, county, and athte)	mile) 10
1D. Usual occupation	Due to
11. Industry or business	
# 12. Name Jacobs Callester	Diher conditions
13. Birthplace	(Include pregnancy within 3 months of death)
H 14. Maiden name Javen	Major findings of operations
E 15. Birthplace Canada	Date of op.
16. Informant M. Japones & M. Celler	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Slandon Med	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Quesa Data thereof	Accident, suicide, or homicide de la
(Bufial, cremation, or removal, Which?)	Where did Injury occur? Charles C. T.
Cemetery or crematory	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director	lester medical Experime
Address	23. SIGNATURE
10 Jan. 28 (Opate rec'd by registrar) 1946 Carrie F. Campfell	M. bjerother
U(Date rec'd by registrar)	Address Date signed Date signed



9-45-15M

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214-0

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County County Change	(For newborn infants give residence of mother)
	State Conference Confe
(If outside city or town limits, write RURAL and give nearest town)	(if outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Hospital, institution, or steet address where death occurred:	
11 - 1 0 1	Street No. (If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME mae Gallowan	Thobley 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Remelo White morned	10 048 764
	20. DATE OF DEATH
B.(b) Name of husband or wife	21 CERTIFY that death occurred on the date pove stated; that I attended deceased from
	19 19
7. Birth date of	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
o. Auc.	Hegisphane and
49min	- Opoch
9. Birihpiace (Town, covity, and state)	Oue to. Crushed the
10. Usual occupation Acres 1	Que to.
11. Industry or business	uge to
	A1 412 .
12. Hame	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
14. Malden name Managerel Caral Caral	Date of op.
	Autopsy results.
18. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address (Mennell) World Ware	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Lange all Date thereof	Accident, suicide, or homotoge deat Date of 170-48
(Burlai, cremation, or removal. Which?) (mont) (yo) (year)	Where did injury account lette when the a lama so had
Cemetery or crackatory	(City or town) (County)
Location Summille 16 1511	Injured at home, farm, Industry, public place (where?)
18. Fl. 13/28.	Magne of Injury on and be Rajuth work the
18. Funeral director	meduli we der at the years
Address White marketoro, mo	23. SIGNATURE OLIVES D. J. J. J.
Jane 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	M. D. weather
Date rec'd by registrar)	Address Date signed 1 - 1 8



WITH UNFADING INK. Supply every item of information carefully. The cylinportant. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	-	2	

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		* Cl	ERTIFICAT	TE OF DEA	TH	Reg.	Dist. No.)4
County Prin City or town Fo (IT How long in above place Hospital, institution, or In a f	PLACE OF DEATH: thy Prince George's or town Fort Foote (If outside city or town limits, write RURAL and give nearest town) long in above place of death? Transient In a field near Fort Foote Ing in hospital or institution? To prince George's State South Caroling (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town)					L and give neares	at town)	
	William	Alexander			5.00			
Male	5. Color or race White	6.(a)Single, married, wide	wed, or divorced	2D. DATE DF DEATH	MEDICAL C January	ERTIFICA 13		5:30A
6.(b) Name of husband 7. Birth date of deceased (mo., day,	Vonch			and that I last saw h	alive on	to		19
8. AGE: Year		Days If less that		Hemorrh	nage and s	hock		DURATION
1D. Usual occupation. 11. Industry or busines	South Ca	esident Cotton Mil Orhead Arolina Jane Whit		Compou Due the rig Crush Dther conditions and Univers degreter	alfirst subject to the second	uted f , abdo econd the bo	men, ch	e of nest
Address C1. (Burial, operation Cemetery or cremat Location	ory Chn Ory	Date thereof In (mon Ion Cars of Son Itterille	th) (day) (year) lina Md, Druney Registrar	22. VIOLENCE: It decay accident, suicide, or his where did injury occur injured at home, tarm, Meens of injury n and the suicide at home, tarm, and tarm, and the suicide at home, tarm, and tar	underline the cause to we ath was due to external canonicide Accident for the control of the control of the control of the control of the canonicide of t	which death shown uses, till in the file ent ote P (Co (Co where?) In te crisses Examin	following: Date of 1/1 G. A fiel A fiel M. D. of	Md. State) d

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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			SHE	32
Reg.	Dist.	No.	1	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County design) I I P Sure I		
City or town	State County County		
How long in above place of death?	City or town		
Hospital, institution, or street address where death occurred:	11) 9 - (0.17 / 1. 1 Almost		
	Street No. (If rurat, give LOCATION)		
How long In hospital or Institution?	2.(a) If veteran, nama war		
3. (a) FULL NAME			
3. (a) FULL NAME	3. (b) Social Security Number		
and Mana Molland.			
4. Sez 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female white Widamed.	20. DATE OF DEATH 1848 21 2 1 1848 21 2 18 18		
2 . 71	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
8.(b) Name of husband or wife Alagamus There			
8.(c) It alive, give age years	10 10 Gingust 13 19 27		
7. Birth date of deceased (mo., day, yr.)	and that Nast saw h		
8. AGE: Years Months Days If less than one day	Immediate cause of death		
57hrsmin.	January 1		
9. Birtholace Deardynn Mo.	Due 10. Cardin - manufar renor Sylvins		
(Pown, eounty, and state)	diene (hapiline).		
10. Usual occupation.	Due to		
11. Industry or business			
= 12 Name William Junes Thomas	Other conditions Scrabites melleline 3 years		
12. Name William und Shamas 13. Birtholace manyand.	Y		
	(Include pregnancy within 3 months of death)		
14. Maiden name marthal Clyabeth Windows 15. Birthplace maryland.	Major findings of operations		
El 15. Birtholace maryland.	Oate of op.		
18. Informant Kellen Afareland	Autonay results.		
1 1 P. 1 md	PHYStCIAN: Please underline the cause to which death should be charged statistically.		
13 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	22. VIOLENCE: If death was due to external eauses, fill in the following:		
17 Surval Date thereof fan / / 946.	Accident, suicide, or homicide		
(Burial, cremation, or removal, Which?) (month) (day) treat the state of the company of the comp			
Gemetery or crematory	Whera did injury occur?		
Location Croome ma	Injured at home, farm, industry, public place (where?)		
J. Gasels Soul-1	Maans of Injury Injured at work?		
18. Funeral director.	5.6.		
Address Stypularice mus	22 SIGNATURE William Branco		
1/9 US Granda Dayman	23, SIGNATURE M. D. OF SHEET		
19	Address Cafetot Heights his Date signed & 18		

11948 conour fames I. Boyd notified and. Consent given for organism of relighents. RECEIVED JAN12 1948 ETREAT 6

1. PLACE OF DEATH:

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

3. (b) Social Security Number

CERTIFICATE OF DEATH

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t town)

County Prince Georges City or town (If outside city or town is How long in above place of death? Hospital, institution, or street address where Prince Georges Gen How long in hospital or institution? 3. (a) FULL NAME SARAH MOR	(For newborn infants give residence of most state. Maryland count of the count of t	
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE
Female White	Single	20. DATE DF DEATH Jack
7. Birth date of		21. I CERTIFY that death occurred on the date above 19
8. AGE: Years Months	Days If less than one day	adurence
65	hrsmin.	Robert Ween
10. Usual occupation	sekeeper se Maid	Due to.
12. Name John Morgan Vales		Other conditions 2000
14. Maiden name Margaret 15. Birthplace Wales		(Include pregnancy within 3 m
16. Informant Mrs. Dolores	***************************************	Autopsy results
0 0	Date thereof. (month) (day) (year) manyla d holo are \$2.	22. VIOLENCE: It death was due to external cause Accident, suicide, or homicide
Date rec'd by registrar)	Umanda Deunen	Address Klashery lon

MEDICAL CER		
20, DATE OF DEATH Jave	19.4	, at 8
21. I CERTIFY that death occurred on the date above s	stated; that Lattended dece	ased from
2005 / 19 Y	7, 10 Jan	19.5
and that I last saw h. P. Zative on Dec	-/31	19 .
Immediate cause of death		DURATIO
adenocarcan	our of	
Boby of ulerun z	cret-1	2 200
melaslas	فد	
lue to		***************************************
Due to		* *************************************
Other conditions —— une d	1310/0 -	
Other conditions		
(Include pregnancy within 3 mon	ths of death)	
, and a second		
a d	Date of op	
Autopsy results.		
PHYSICIAN: Please underline the cause to which		statistically.
22. VIOLENCE: It death was due to external causes,	till In The foilowing;	
Accident, suicide, or homicide	Date of	***************************************
Where did Injury occur?(City or town)	(County)	(State)
injured at home, farm, industry, public place (where	?)	
	injured at work?	



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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00780

CERTIFICATE OF DEATH

Reg. Diat. No. 243

1. PLACE OF DEATH: CountyPrince George					2. USUAL RESIDENCE (FICHE) U (For newborn infants give residence of		
City or town					State	ning School s, write RURAL and give neal nd s LOCATION)	rest town)
	3. (a) FULL NAME			A of		3. (b) Social Security	Vumber
			MELV	IN Moss			
	4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced		ERTIFICATION	
	Male	Colored		Single	20. DATE DF DEATH	31 1948	at 2:25 A
) If alive, give ageyears	21. I CERTIFY that death occurred on the date ab	ove stated; that I attended decea	sed from 31 19 4 8 19 4 8
H	8. AGE: Years	Months	Days	If less than one day	Pulmenary Tubercul		DURATION 7 MAG
I	13 13		6	hrsmin.	Tuberculous mauri	retis	15 da.
	9. Birthplace	child		tate)	Due to		
	12. Name	? ?			Other conditions		***************************************
	14. Malden name 15. Birthplace	Washingto	on, D.		(Include pregnancy within 3		
	7-01 1111-01111-01111-0111-011	terretie	4	etler	Antapsy results	hich death should be charged	statisticsly.
	17 Kunne (Burial, cremation,	or removal Which?)	Date there	month (day) (year)	22, VIOLENCE: It death was due to external ca	Date of	
	Cemetery or cremator	11	nea (energy	Where did injury occur?(City or town)		
ŀ	Location	The same	1	1/2/12:1	Injured at home, farm, industry, public place (w	Injured at work?	
	18. Funeral director	//	If I	15	(1) . 1	0 D.	-me()
	Address 19 19 19 19	30 H 10	Powlar	d & Philips	23. SIGNATURE ASSELLA	Ms Finican	1 99
1	(Date rec'd by reg	istrar)		Registrar	Address Address	Date signed	1-31-40



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00781 Reg. Diat. No. 231

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County. Sure Benges	(For newborn infants give residence of mother)
City or town(If outside city or town limits, write RURAL and give nearest town)	State Manyland County Grance Sanges
How long in above place of death? 5 Laup 2 ho 25 min	(if outside city or town limits, write RURAL and give nearest town)
Hospital, instilution, or street address where death gowered:	Street No. 3720 Park wase
Prince Rearges Beneral	(If rurai, give LOCATION)
How long in hospital or institution? 5 & aug 2 m - 25 mins.	2.(a) 11 veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Margaret Newman	
4. Sex Solor or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W W	20. DATE OF DEATH Jaman 25 19 18 21 2:18t
6.(b) Name of husband or wife	2)-4 CERTIFY that death occurred on the date above stated; that tended deceased from
	Jun 20 1848 10 Jun 25 19 40
7. Birth date of deceased (mo., day, yr.) Chaquet 8, 1869	and that I last saw het alive on Jan 25 19 48
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
78 5 17 hrs. min.	Creatil minoring 2 day
0.0:	a la la talanta
9. Birthplace (Town, county, apd state)	Due to ARRIVAL ONES SCHOOL STATE
10. Usual occupation housewife	
11, industry or business	Due to
	Brown Minus 15da
12. Name Jales Nijon 13. Birthplace Sudiona	Diher conditions
5 Charlet 5/2 60	(Include pregnancy within 8 months of death)
14. Maiden name	Major findings of operations.
El 15. Birthplace	Date of op.
16. Informant Associated reaches	Autopsy results
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burnelle 1/28/1/8	-22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) te thereot. (month) (day) (weet)	Accident, suicide, or homicide
Cemetery or crematory Tark Luceski Clelly	Where did injury occur? (City or town) (County) (State)
Location Wach. gol.	Injured at home, farm, Industry, public place (where?)
18. Funeral director WWO houses G	Moans of Injury Injured at work?
Address Mice addle, Mil	Regron Deix mike
1/2// 1/2/	23. SIGNATURE
19. (Date ryc'd by registrar) Registrar	Address SIA GALLATINE HYATTERICE -1



correct/age

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ine causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00782 Reg. Dist. No. 243

CERTIFICATE OF DEATH

1. PLACE OF I		inas C		2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	
county Prince Georges			State			
City or town		11				
How long in above place of death?		City or town	t maits DIIDAT and sine			
Hospital, Institution,	or street address when	e death occurre	d:			
Gl.	enn Dale Sa	natorii	ım	Street No	LOCATION)	
How long In hospital	or Institution?5	months.	19 days	2.(a) ti veteran, name war		
3. (a) FULL NA				The state of the s		
0.(0) 10.00 1111		11111	THOMAS IS		3. (b) Social Securit	
4. Sex	5. Color or race		THOMAS D.		578-16-0	864
9, 361	5. Color of face	b.(a)singi	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Male	Colored	Sir	ngle	2D. DATE OF DEATH. Jan. 4	18.4.2	9 .1225
				21. I CERTIFY that death occurred on the date abo		
	nd or wife			7/15		
7. Birth date of		6.(c) it alive, give ageyears	and that I last saw h. A last alive on		
deceased (mo., da)	r.yr.) Octob	er 12.	1890		,	
8. AGE: Yes	ars Months	Days	It less than one day	Immediate cause of death pulsus Tube	40 (OURATION
57	57 2	23	hrs min.	January use	venosis	30 mos
					***********************************	*****
9. Birthplace	Washington	county, and	state)	Due to		
40 Harri according	Janitor)	,		***************************************	
	the state of the s	***************************************	***************************************	Due to	**********************************	*****
11. tndustry or busin					***************************************	
12. Name	Charles N	ewnan		Dther conditions		
₹ 13. Birthplace	Washingto	n, D. (2.0			
₩ 14 Maiden nam	Annie V	odrey		(Include pregnancy within 3 m	onths of death)	
TO . maiden main	Annie V Washing Deceased	ton D	^	Major findings of operations		***************************************
≥ 1 15. Birthplace	wasilling	ه لا والمان	0.		Date of op	***************************************
16, informant	Deceased			Antopsy results		
Address				PHYSICIAN: Please underline the cause to wh	ich death should be charge	d statistically.
0	0		0 11	22. VIOLENCE: If death was due to external caus	es, till in the tollowing;	
(Buriai, crematic	on, or removal, Which	. Date there	(month) (day) (year)	Accident, sulcide, or homicide	Date ot	
Complete or erome	doru			Whera did Injury occur?(City or town)		
1	, 0	No.				
Location	y are	ngton	~ :, L : C, ,	Injured at home, farm, industry, public place (wh	ere?)	•
18. Funeral director Musse Mussen			Means of Injury	Injured at work?		
Address 306	4.04	1/6/	/ / /	(1) . 1/	/ //>	
		2	2 100-10-	23. SIGNATURE A Janeel LA	20 Finec	and MX
19. Jan	1. 4 19 4 8	Trowl	and of Philips	60 D.	M. D	or other
(Date rec'd by	registrar!		Registrar	Address Jenn Jak	Date signed	1/4/48



2411 N. Charles St., Baltimore

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			60	11	
	D: .	24	1	1	
OF.	Diat.	NO.		W	

1	CERTIFICAT	E OF DEATH Rog. Dist. No.
	1. PLACE OF DEATH: PRINCE GEORGES County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate MARY AND County College PARK City or town (1f outside city or town limits, write RURAL and give nearest town) Street No. 7013 WAKE FORYES DY
	How long in hospital or institution?	2.(a) It veleran, name war
	FLORENCE LINThicum C	WINGS 3.(b) Social Security Number
	FEMALE White Widowed or divorced Widowed	MEDICAL CERTIFICATION 8 9 15 20. DATE OF DEATH. 20 VANUARY 1948 21 9 74 11
	8.(6) Name of huaband or wite DAVID CLARK Owing S	21. I CERTIFY that death occurred on the data above stated; that attended deceased from 4 7 17 10 19 4 8
	7. Sirih date of MALI 14 - 18 57	and that I last azw h CR allve on 13 VANVARY 19 46
	8. AGE: Yeara Months Daya tt less than one day 90 7 26 hrs. min. 9. Birthplace. CLARNS BURG., Md Howard Co.	Immediate cause of death DUNATION HYPOSIATIC JULYEURY CONGESTION Bue to CORONAYY TARENDOSIS
,	1D. Usual occupation	Due to. Arterios elevosis
	12. Name. MARYLAND 13. Cirthplace MARYLAND	Udiffer conditions
	14. Majden name. MARYLAND 15. Cirthplace MARYLAND	(Include pregnancy within 3 months of death) Major fiadings of operations.
1	2 15. Cirtholace	
	16. Informant CLARENCE WATSON OWINGS Address College DARK, Md	Autopsy results
4	17. Buri'n Bale thereof 1-23 48 (Buriel, committion, or removed, Whiteht) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
2	Cemetery or crematory Line GROVE	Where did injury occur?
	Lacation Mt. Airy, CARROLL Co. Md	Injured of home, farm, Industry, public place (where?)
1	18. Funeral director	Meana of Injury Injured at work?
,	Address Out 20 1978 January Sever	23. SIBNATURE M. D. O. M. D. D. O. M. D. D. O. M. D.

PLEASE WRITE PLAINLY, WITH CAFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly. THARGIN RESERVED FOR BINDING

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A15 NS MARY MARY BELLEVIST TENS UNKE FOREST FLORENCE LINTHIEUM OWINGS Sand W Stall Stall 4-1AN IS SU JAN May 24 = 1887 (Stanto My France) R. METERS TO THE JAN 21 1948 COUNTY OF THE BOILD S

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Dia No 242

1. PLACEOF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town	State County Much Gloride
How long in above place of death? 2. 8 years	City or town
Hospital, institution, or street address where death occurred:	Street No. 426-62-1 Place
4 x 6 - 62 x 1 1 1 20 ce	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
and grown of all	None
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jewell White Merry	20. DATE OF DEATH 20 2 2 5 19 4 8 at 3 4 9 M
Polkly Jao	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from
B.(b) Name of husband or wife	10 10
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.)	Immediate cause of/death
8. AGE: Years Month's Days It less than one day	Cerute Congestive hear
hrsmin.	failure o in
9. Birthplace	outo Conditoros cular revol
(Town, county, and state)	deslare
10. Usual occupation.	Due to
11. Industry or foustness	
12. Name Transl	Other conditions
	(Include pregnancy within 3 months of death)
14. Maider some The and meller 15. Birthplace	Major findings of operations.
N 15. Birthplace	Bate of op.
16. Interment and Jalmer	Autopsy results.
60 100000	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 477 - B Trial Vola Van Carlot	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory Communication Communic	Where did injury occur?
Mich land his	Injured at home, farm, industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director	blepuly medical from
Address 5/7 //3 Street & G. 94	23. STGNATURE 22.
Dan 26 48 (arri 7 Can 11.00	23. SIGNATURE D. or other
(Date rec'd by registrar)	Address Date signed 1 - 25-4



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MARYLAND STATE DEPARTMENT OF HEALTH

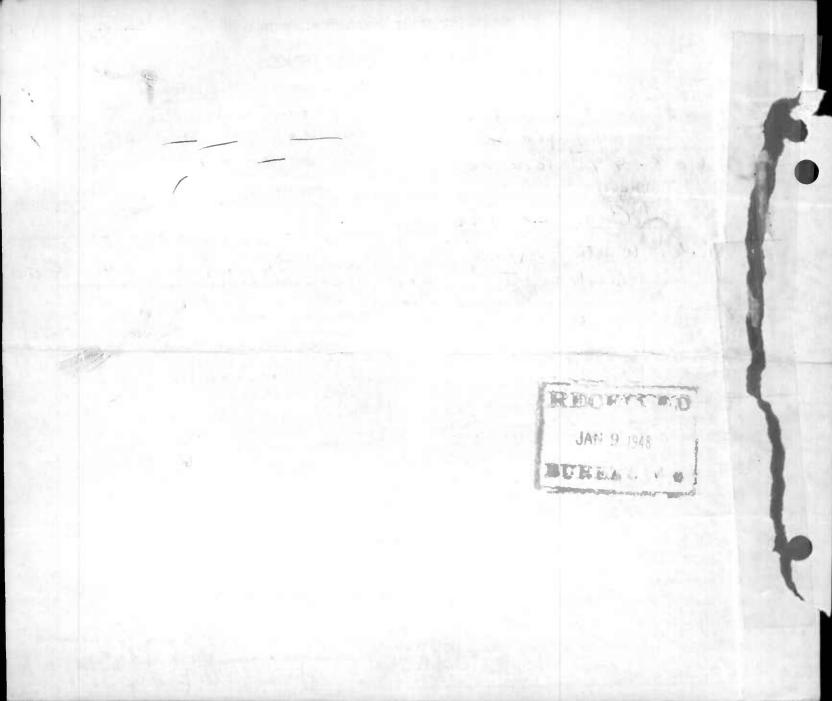
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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00785 Reg. Dist. No. 242

County Cearner	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants, give residence of mother)
City or town	State Maryland County Marie George's
	City or town
nospital, institution, or street address where death occurred:	Street No
608-49h Green	
How long in hospital or institution?	(If rurai, give LOCATION)
3. (a) FULL NAME	2.(a) It veteran, name war
George Poppas	3. (b) Social Security Number
4. Sex 5. Colp or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	- 11
A. 1 1:40	20. DATE OF DEATH. 19. 48 at 21. 21.
6.(b) Name of husband or wife is Modute Cappas	21. I CERTIFY that death occurred on the data above stated; that I attended deceased from
7. Birth date of S.(c) If alivs, give age years	
deceased (mo., day, yr.) March 2 1, 1881	and that I last saw kalive on
8. AGE: Years Months Days It less than one day	Immediate cause of death OURATION OURATION
hrsmin.	Jacky Rear
	- Julius
9. Birthplace (Town, county, and state)	Ollio Cardiovascular recal
10. Usual occupation. Retailed	aislast
11. Industry or business Schin	Due jo
12. Name Cathernson Palson	Other conditions.
14. Maiden nant Castlettis Calagoria	(Include pregnancy within 3 months of death)
15. Birthplace Checel	Major findings of operations.
16. Informant Vassellie Paha 4-1	Date of op.
* 1 10.01	Autopsy results
Address 608 - 4 gray Come Constal Hot le	PHYStCIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date thereof 1-8-48	22. VIOLENCE: If death was due to external causes, till in the following;
(Burfal, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Stuttand and.	(City or town) (County) (State) Injured at home, tarm, Industry, public place (where?)
18. Funeral director W. W. Chaubers &	Minney of C. S
11/24 10/1	Means of Injury Injured at work?
Address 400 Chapen St. W.	my runcing grand
100m 7 48 Carri 4 Ca h0.00	23. SIGNATURE
Date rec'd by registrar)	M. D. or other
Registrar	Address Date signed 1 - 6 - 4 8



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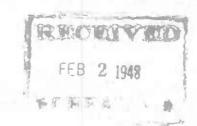
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00785

1. PLACE OF DEATH: County	State D. C. County Washington		
Tarlette Charles J. 4. Sex 5. Color or race 8. (a) Single, married, Widowed, or divorced	3. (b) Social Security Number 577-30-4544 MEDICAL CERTIFICATION		
Male White Separated 8,(6) Name of husband or wife Margaret Toohill 7. Birth date of deceased (mo., day, yr.) March 16, 1883	20. DATE DF DEATH		
8. AGE: Years Months Days If less than one day 64 10 10 hrsmin.	Immediate cause of death DURATION 7 No.		
9. Birthplace Baltimore. Maryland (Town, county, and state) 10. Usual occupation. Bookkeeper 11. Industry or business 12. Name Thomas Edgar Parlette 13. Birthplace ?	Due fo		
14. Maiden name Grace Lee Gosnell 15. Birthplace Carroll County, Maryland 16. Informant Deceased	(Include pregnancy within 8 months of death) Major findings of operations		
Address 17	PHYSICIAN: Please underline the eause tu which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
(Date rec'd by registrar) Registrar	Address Dean Wale Ma Date signed 126/48		



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(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	CERTIFICA	Reg. Dist. No.
How long in above place of death? Hospitat, institution, or street address How long in hospital or Institution? 3. (a) FULL NAME	erdale Md. town limits, write RURAL and give nearest town) where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Prince George City or town East Riverdale, (If outside city or town limits, write RURAL and give nearest town) Street No. 5802 66th Avenue (If rural, give LOCATION) 2.(a) th veteran, name war 3. (b) Social Security Number
4. Sex 5. Color or ra	ce 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH Jan 22 1948 at 5 A
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months 68 7 9. Birthplace Hika, Wi	hel M. 6.(c) the allive, give age 63 ay 3, 1879 Days If less than one day 19 hrs. sconsin Town, county, and state) ed— Government Employ nance)	Immediate case of death Fielden surface. Due to Carolina i Faulure 3 Must
t2. Name Augus t	Mantei	(Include pregnancy within 3 months of death) Major findings of operations.
Address 5802 66th Burial (Burial, cremation, or removal.) Cemetery or crematory Location Prince G 18. Funeral director.	Mary Upczak Avenue-East Riverda	Antopsy results
Jau 22 (Date rec'd by registrar)	of Jany Serry Regist	23. SIGNATURE M. D. or other Address 924 William 1855 Date signed 1-22-4

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

How long in above place	outside city or town limits, ve of death?		State	5 Wass	ty TAMAL and give man	Lleoige rest town)
How long in hospital	or testitution?		2.(a) If veteran, name w	(If rural, give I		
3.(a) FULL NAM		S PUMPIEL	/ У		3. (b) Social Security	Number
ses m	5. Color or race 6.0	a) Single, married, widowed, or divorced		MEDICAL CE	RTIFICATION	725
the s.(6) Name of husband		A. PUMPELLS	21. I CERTIFY that don't	h occurred on the date abov	e stated; that I attended decea	aed from
7. 8 irth date of deceased (mo., day. 8. AGE: Yea	ya Jan. S	ays If less than one day	and that I last saw h.A	Parachasa	ny Vakuler	DURATION 15 Hein.
9. Birthplace	(Town, county	My, and state)	Due to. Tupper	teume a lerotie h	rtirio - cert di coss	10 years
E 12. name	ss Peal	Estota	Other conditions	hou		
E E E			Major findings of oper		onths of death)	
	hale (surgely FIRE	Aotopsy results		ch death should be charged	
16. Informant	n, or removal, Which?)	te thereof	Accident, suicide, or ho	ith was due to external caus	Date of	ioul
Cemetery or crema	willand	Jack ,		(City or town)	(County)	(State)
18. Funeral director.	11/1/1/2	sambers to	Means of Injury		Injured at work?	u.W.D
19. Oan a	6 19.48 egistrar)	Carrie J. Campbell.	23. SIGNATURE.	vash Blud	M. D. d	rother 4194
			Dist	briet Heigh	lo, ma	,

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MARYLAND ST	ATE	DEPARTMENT	OF	HEALTH
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2411 N. Charles St., Baltimore

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CERTIFICA	TE OF DEATH Reg. Dist. No. 243
1. PLACE OF DEATH: County Prince Georges City or town Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 5 months, 5 days Hospital, Institution, or street address where death occurred: Glenn Dale Sanatorium How long in hospital or institution? 5 months, 5 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) D. C. State
3. (a) FULL NAME Elizabeth Ramsey	3. (b) Social Security Number 579-32-7510
Female 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife Joseph C. Ramsey 7. Birth date of deceased (mo., day, yr.) January 31, 1929	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18 47, to 20 19 48 and that I last saw how alive on 20 19 48
8. AGE: Years Months Days It less than one day 18 17 22 hrsmin.	Immediate cause of death Dramtion DURATION
9. Birthplace. Waynesboro, Virginia (Town, county, and state) 10. Usual occupation. Housewife 11. Industry or business 12. Name	Due to
14. Malden name Ruby Truslow 15. Birthplace Wintergreen, Virginia Deceased	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. 1.70.48 Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Company Company	22. VIOLENCE: If death was due to external causes, till in the toilowing; Accident, suicide, or homicide
19. (Date of Phyrogistras), 18 48 Rowlewd & Philips Registrar	23. SIGNATURE & Cancel Leo Fricas MX M. D. or other Address Stenn Dale Md. Date signed 1.22/48.



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MARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1 2 HOULD DECIDENCE (LICAME) OF DECEASED

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			get5
-	Dist	No	

County	(For newborn infants give residence of mother) State Manyana County August Georges City or town (If outside city or town timits, write RURAL and give nearest town) Street No. 4 B - Ramala Carlo (If rurai, give LOCATION)	
How long in hospital or institution?	2.(a) if veteran, name war	
3. (a) FULL NAME George G. Reie		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white widowed	20. DATE DE DEATH. JAN. 16 148, 21/0:45 PM	
8.(b) Name of husband or wife. Laura Bull 7. Birth date of deceased (mo., day, yr.) Sept. 9.	21. I CERTIFY that death occurred on the date shove stated; that I altended deceased from 18 19 47 to 19 48 and that I last saw h. 17 alive on 10 10 10 10 10 10 10 10 10 10 10 10 10	
8. AGE: Years Month's Days I to tess than one day	Datural causes due	
78hrsmin.	to old age	
9. Birthplace S. Illnwood (Town, county, and atate) 10. Usual occupation R. Line d	Due 10. Demonty d'interessellemes Due 10.	
# 12 Name adam Reier	Dither conditions	
13. Birthplace Germany		
14. Malden name	(Include pregnancy within 8 months of death) Major findings of operations. Date of op. 1947.	
16. Informant Edward E. Reier	Autopsy results	
Address 4/48 - Rainier ave. mt. Rainier N	AC.	
Bursal Bate thereof Jan . 19 1948 (Burial, cremation, or removal. Whieh?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Cometery or crematory Fort Lincoln Cemetery	Whers did Injury occur? (City or town) (County) (State)	
Location to olman Manor, Md.	injured at home, farm, industry, public place (where?)	
120 00	Means of Injury Injured at work?	
Address 3200 - R. J. ave. Mt. Raines, Ma	· Stoleman View	
10 Jan 18 1948 James Derry	23. SIGNATURE. M. D. or other 4/18-30 HS- market Squad 1-17-48	
(Date rec'd by registrar) Registrar	Address	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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00791

CERTIFICATE OF DEATH

Dist No 23/

CERTIFICAL	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County PRINCE GEORGES	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town CHEVERLY (If outside city or town limits, write RURAL and give nearest town)	State Marghand County Frank George
	City or town / Chavesly
How long in above place of death? 22 day 5	(If outside city or town limits, frite RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 4610 Tellog Rd.
PRINCE GEORGE'S GENERAL HOSPITAL	(If rural, give LOCATION)
How long in hospital or institution? 22days	2.(a) If veteran, name war
3. (a) FULL NAME Esther Richmond.	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION /
female white widowed	() 10 110 10131h
temale white widowed	2D. DATE OF DEATH 19 / 8 at /0. 390 N
6.(b) Name of husband or wife	21. I CERRIFY that death occurred on the date above stated; that I attended deceased from
	Lec. 19 19 47 10 Jun 10 19 9
7. Birth date of	and that I last saw h. eralive on June 18 . 19 48
deceased (mo., day, yr.) Dec. 19, 1879	Immediate cause of death. DURATION
8. AGE: Years Months Days If less than one day	Cerebral rose accident 3days
68min.	" " " Husten
Pussin	Co alra las Escoclivas
9. Birthpiace	Due to
10. Usual occupation Housewife	
	Due to
11. Industry or business	
12. Name	Other conditions Cancer of seguided busto
13. Birthplace Hussea	(revected)
	(Include pregnancy within 3 months of death)
14. Maiden name Thick	Major findings of operations Cancer Reguster.
15. Birthplace / Massey	prior to recent admission
Thereitel Reserved	101: 100
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	
" Remarked music (km. 11 1948	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
171 171	
Location of en pork city,	Injured at home, farm, Industry, pub ¹¹ c place (where?)
A (Memandy &	Means of Injury Injured at work?
18. Funeral director.	Causon Neik, M. W.
Address 3501- 14/70 St. M.W.	Leonard Kose, Mr. D.
9 sea 11 15 30h. 50 11	23. SIGNATURE M. D. O other
Pate rec'd by registrar) Registrar	Address 4314 Fallater Jyutts. Date signed Jun 10,19



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00792 Reg. Dist. No. 2145

	Nog. Dist. No.
1. PLACE OF BATH: Lev Es County College Park Ind	2. USUAL RESIDENCE (HOME) OF DECEASED: For newbory infants give residence of mothor State County County
(If outside city flown limits, write RURAL and give nearest town)	City or town College Park Tha
How long in above place of death?	(If outside city top) limits, with RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME Maria Rickl	3. (b) Social Security Number
5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale white widowed	20. DATE OF DEATH January 31, 1948, al 8 4.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that attended deceased from 20. 19. 77. 10. 10. 10. 19. 48. and that I last saw h. L.Talive on
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day 6. 6. 7 10 21	Coronory furbus vorus 10 kg
66 67 10 21nrsmin.	
9. Birthplace (Town, county, and state)	Due to Coronary scherosis year
1D. Usual occupation	Due to.
11. Industry or business 12. Name Cufall 13. Birtholace Custria	Dither conditions
	(Include pregnancy within 3 months of death)
HE 14. Malden name Smidt 15. Birthplace , Custria	Major findings of operations.
E 15. Birthplace , Cuelca	Date of op.
16. Informan hrse Hermine Grahl	Antopsy results
Address College Park Ind	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Date thereof Let 3, 1948	22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory.	Where did injury occur?(City or town) (County) (State)
Location Sulland Ind	Injured at home, farm, Industry, public place (where?)
18. Funeral director & Lasch's some	Means of Injury Injured at work?
Address / Lyallaville Ind	23 SIGNATURE House Woodale, M.S.
19 Feb 1 1948 Jans Serry (Date rec'd by registrar) Registrar	30-13 Poloti - D. J. Osperalel T. Med M. D. or other
(Date inc a na regiserer)	Manices

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

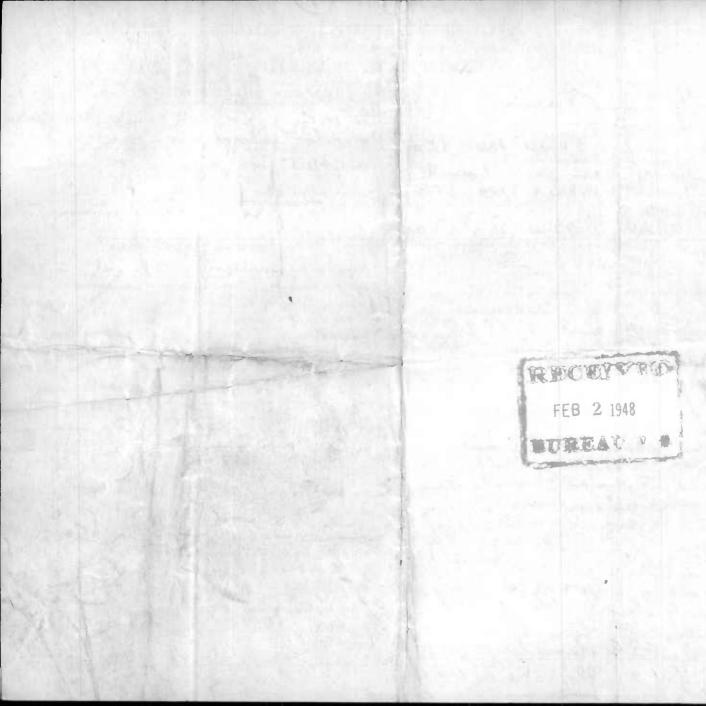
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CERTIFICATE OF DEATH

Reg. Diat. No. 23

	Market Control of the
City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution? 19 2 mgs 8 kms. 45 min	(If rural, gitalOCATION) 2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Carl Willia of ohr book	
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH OF DEAT
S.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) A would 8, 1885	and that I last saw h un alive on 1-30 1948
8. AGE: Years Months Days It less than one day G 2 S 2;	Immediate cause of death DURATION DURATION DURATION
9. Birthplace (Town, county, and state)	Due to
1D. Usual occupation	Due to
11. Industry or business 12. Name 13. Birthplace 14. Name 15. Name 16. Name 17. Name 18. Name 19. Name	Other conditions Replemonleurs
	(Include pregnancy within 3 months of death)
14. Maiden name Chana Constantini 15. Birthplac Releaseling Md.	Major findings of operations.
16. Informant. Sosa Reactor	Autopsy results. Sauce Date of op.
Address Sanial San 31, 1948	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following:
Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Bladeneburg Ind	Where did injury occur?
18. Funeral director. E General some	Moens of Injury Injured at work?
Address Bladensburg md	23. SIGNATURE Symin hi Grassgeen king
19. 1/31 1948 amanda Douney	Mr. Kainer Ind M. D. or other



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

<u> </u>	
1. PLACE OF DEATH: County Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or iown Camp Springs (Andrews Air Field) (If outside city or town limits, write RURAL and give nearest town)	State Virginia County Arlington
How long in above place of death? Several times each week	
Hospital, Institution, or street address where death occurred:	Street No. 824 S. Arlington Mill Road (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If yeleran, name war. World War II
3.(a) FULL NAME RYERSON . CHARLES ROBERT	3. (b) Social Security Number 224-12-4223
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. OATE OF DEATH 18 January 19.48 1358 M
6.(b) Name of husband or wite Cora Ryerson (nee Glassner)	
	19 19
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) February 19 1920 8 ACF: Years Months Days If less than one day	Immediate cause of death Crushing injuries to DURATION
8. AGE: Years Months Days If less than one day	chest and head and possible Fracture of neck
9. Birthplace On kland California (Town, county, and state)	Due to Aircraft Accident
10. Usual occupationInsurance Salesman	Busto
11. Industry or business	Due 10
12. Name Charles Settle Ryerson	
13. Birthplace Kanses City Missouri	
	(Incinde pregnancy within 3 months of death)
14. Maiden came Jean Mitchell 15. Birthplace / Mc Coole Maryland	Major findings of operations.
A 1 15. S'ITIPIACE MC GOOLS ME LYLADO	Not done
16. Informant	Autopsy results No.t. done
Address Children July 144	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Bufial, cremation, or responsible Which?) Date thereof (plonthi) (dgy) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory (month) (day) (year)	Where did Injury occur? Camp Springs Prince Georges Md. (City or town) (County) (State)
Commercial of Commercial Commerci	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?) AndrewsAirField
LOCATION	Means of injury Airplane Accident Injured at work?
18. Funeral director	(1):00:00
Address 9	23. SIGNATURE Selliani S. Muller
19 Jan 19 19 48 Carrie F. Campbel	23. SIGNATURE WILLIAM J. MILLER Capter MC

Pictoria manerican unchi Compilere AND STREET, SERVICE STREET, SAN (Rincwick vis) JAN 20 1948 BONESU VE

PLEASE WRITE PLAINLY is especiall

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

90	00795
OF	2.311
Reg.	Diat. No.

1. PLACE OF DEATH: County Prince George's				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Fort Foote (If outside city or town limits, write RURAL and give nearest town)				State New York County		
(If o	utside eity or town li	mits, write R	URAL and give nearest tow	n)		
How long in above place	of death? Tre	anslen	<u> </u>		City or town Great Neck (If outside city or town limits, write RURAL and give nearest	town)
Hospital, institution, or	street address where eld near	death occurred	•		Street No. 126 Hicks Lane	
411 37 11	erd Hear	- FOT	FOO L.		(If rural, give LOCATION)	1
How long in hospital or	Institution?		······································		2.(a) If veteran, name war	V
3. (a) FULL NAME		Tohn	Saltanis		3. (b) Social Security Num	ber
4. Sex	5. Color or race		, married, widowed, or divorced			
					MEDICAL CERTIFICATION	
Male	White		rried		20. DATE OF DEATH January 13 148 21	5:30A
6.(b) Name of husband	or wife Berth	na Sal	tanis		21. I CERTIFY that death occurred on the date above stated; that I attended deceased	
***************************************		S. (¢) If alive, give age	years		
7. Birth date of deceased (mo., day, y	May 2	23, 19	12		and thall last saw halive on Hemorrhage and shock	19
8. AGE: Years	Months	Days	It less than one day		Immediate cause of death	DURATION
38			hrs.	min.		
9. Birthplace	reveskyr	ı, Pa.	4-4-\		Due to. Fracture of left femur and	******************
	Dilat	county, and s	tate)	1	ankle	
10. Usual occupation	0.0	2 A 4 20	Lines		Due to Fracture of the skull	
11. Industry or business					Crushed chest	
当 12. Name	Adam Sul	tanis	***************************************			he
12. Name	Unknowr			- 1	extremeties, head and body (Include pregnancy within 8 months of death)	
	Sofie	?			(Include pregnancy within 8 months of death)	
14. Maiden name 15. Birthplace		Trond d			Major findings of operations	
	Pennsyl					
16. Informant Be	ertha Sul	tanis			Autopsy results.	
	Hicks La	ne G	reat Neck,	N. Y	PHYSICIAN: Please underline the caose to which death should be charged statis	tically.
Address 120	1.7.	,	Jan, 14.19		22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)			01	Accident, suicide, or homicide. Accident Bate of 1/13,	/48	
			statism (yes	Where did lakery occur? Fort Foote P. G. 1	Md.	
Cemetery or crematory. The year of the control of				(City or town) (County) (St	ate)	
				injured at home, farm, industry, public place (where?) In a field.		
I Just's sons				Msans of Injury In an airplae Injured at work? Ye	S	
18. Funeral director. Affallsville Indi				Deputy Medical Examiner	Λ	
Address Januarie Juni				23, SIGNATURE ON SON		
19. March 18. 48 Umanda Source				Forestville, Md.	138	

FECHNONO JAN 19 1948

PLEASE

VS A15

66 20 0.0011 011	PARTMENT OF HEALTH 12 St., Baltimore TE OF DEATH 10 1793 Reg. Dist. No. 23 4
1. PLACE OF DEATH: County Prince George's City or town Fort Foote City or town imits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: In a filed near Fort Foote How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State New Jersey County City or town Bayonne (If outside city or town limits, write RURAL and give nearest town) Street No. 27 West 33rd (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Ralph Berry Sanborn Jr.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Male White Married	MEDICAL CERTIFICATION 20. DATE DF DEATH. January 1.3 19 48 21 5: 30 And 19 48 21 5: 30 A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
9. Birthplace	Due to.
12. Name. Ralph B. Sanborn Sr. 13. Birthplace Massachusetts 14. Maiden name Hazel Ramsdell 15. Birthplace Massachusetts 16. Informant Ralph B. Sanborn Sr.	Other conditions Multiple abraisions of the hands and legs. (Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please moderline the cause to which death should be charged statistically.
Address 27 West 33rd Street, Bayonne, I Camportation (Burial, cremation, or removal, Which?) Cemetery or crematory of solution Location 18. Funeral director Address 19. (Date yee'd by registrar) Date thereof, Bayonne, I Bate thereof, Bayonne, I Location Date thereof, Bayonne, I Location Location Address Location Address Location Address Date thereof, Bayonne, I Location Location Address Location Address Location Address Location Date thereof, Bayonne, I Location Location Address Location Address Location Address Location Address Location Address Location Date thereof, Bayonne, I Location Location Address Loc	22. VIOLENCE: It death was due to external causes, till in the following: Accident, sulcide, or homicide. Accident Bate of 1/13/48 Where did Injury occur? Fort Foote P. G. Md. (City or town) Injured at home, farm, Industry, public place (where?) In a field Meens of thijury In a plane crash injured at work? Departy Medical Examiner 23. SIGNATURE. Forestville, Md. Date signed 1/13/48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

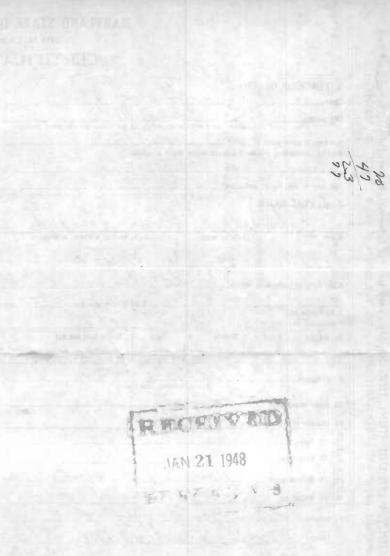
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CERTIFICATE OF DEATH

or Diet No 240

Clty or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town injute, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Edward Patterson Hanford.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widower, or divorced Married Married Married Months B.(b) Name of husband or wife for the first state of the color of the	MEDICAL CERTIFICATION 20. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 7. 10. 11. 12. 11. 11. 11. 11. 11. 11. 11. 11
13. Birthplace 14. Malden name 15. Birthplace 16. Informant Address 17. Description 18. Funeral director Address Market Marke	(Include pregnancy within 3 months of death) Major Endings of operations. Date of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide. Date of Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of injury injured at work? 23. SIGNATURE. Address Mask Mask Mask Mask Mask Mask Mask Ma



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Dist No 243

1. PLACE OF DEATH: County Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town. Washington (If outside city or town limits, write RURAL and give nearest town)
	Street No. 723 G. Str., N. E.
Glenn Dale Sanatorium	(If rural, give LOCATION)
How long in hospital or institution? 2 months, 27 days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
LEE DAVID SHA	240-22-8840
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Separated	
	20. DATE OF DEATH 20. 19. 48, 21 8. 25 P.
6.(6) Name of husband or wifeAlease. McDaniel Shaw.	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from
7. Birth date of	at 8, 1047 10 Jan 5, 1048
deceased (mo., day, yr.) February 7, 1924	and that I last saw h. Little alive on Jan. 5 18 4 8
8. AGE: Years Months Days If less than ons day	Immediate cause of death DURATION Lucionary Luciereuloses 4 mg
23 23 10 29hrsmin.	Julian G Ma
a Buthales Naxton North Carolina	P. A.
9. Birthplace	Due to
10. Usual occupation Stacker, Warehouse	
11. Industry or business	Due to
12. Name Luke Shaw	Other conditions
12. Name Luke Shaw 13. 8irthplace Dulon, South Carolina	Other conditions
M. M	(Include pregnancy within 3 months of death)
14. Malden name Bossie Wilkerson 15. Birthplace Maxton, North Carolina	Major fiediags of operations
15. Birthplace Maxton, North Carolina	Date of op.
16. Informant Deceased	Actopsy results.
Address	PHYSICIAN: Please uoderline the caose to which death should he charged statistically.
17 Remoral Date thereof Jan - 7/48	22. VtOLENCE: If death was due to external causes, fill in the following;
(Burial cremation, or removal. Which?) Uate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Whers did injury occur?
Location maslungton DC.	Injured at home, farm, industry, public place (where?)
18. Funeral director Flanciers Francial Home do	Masns of injury Injured at work?
Address 389- 89- 0. Auc. 11. M.	0000
10 0000	23. SIGNATURE Davel Les Finecare MX
19. Jan 7 1848 Kowlend of Philips	All Dal M. D. or other



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town. (If outside city or town limits, write RURAL and give nearest town) Street No
4. Sex 5. Color or rage 6.(a) Single, mbriled, wildowed, or divorced 6.(b) Name of husband or wite	MEDICAL CERTIFICATION 20. DATE OF DEATH. 3. 18 4 5 at 8 9 A M 21. I CERTIFY that death occurred on the sate above stated; that I attended deceased from 19 to 19 and that I last saw h alive on 19 Immediate cause of death functions Due to. Due to.
11. Industry or business 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Intormant Address (Burial, creduction, or removal, Which?) Date thereof (month) (day) (year)	Other conditions (Vicinity pregnancy within 3 months of death) Major findings of operations. Oate of op. Antopsy results. PHYSICIAN: Please nuderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicidial and the charged statistically.
Cemetery or crematory Location 18. Funeral director Address Jacksole Address Jacksole Address (Date rec'd by registrar) Registrar Registrar	Where did injury occur? (City or town) (Country (State)) Injured at home, farm, industry, public place (where?) 23. SIGNATURE. M. D. (r) thar. Address. Date signed.

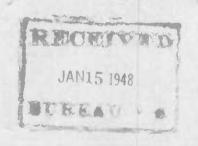


VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county The search and	State Marin fond county Prince Hog
City or town D (If outside city or town limits, write BttRAL and give nearest town)	City or town 2 (If outside city or town limits, write RURA), and give pearest town)
How long In above place of death?	
and the state of t	Street No. 601- E St. S.E. The asking ton 1400
How long to hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3.(b) Social Security Number
Freda Swith	none
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fem wo widowed	20. DATE DF DEATH, CO. M.
6.(b) Name of husband or wife Lareung Smith	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
(Deceased) 6.(c) If alive, give age	Jan J. 19 J. 10 Jan S. 19 J. D.
7. 87th date of 0 - 12 10 77 9	and that I last saw h. Litiative on 19
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate canee of death
25 — — hrsmin.	Charles and a state
2/22	Hart faight Our
9. Birthplace (Town, county, and state)	with Parel see Cell boby 4/2 den
10. Usual occupation. Proceeding the 10 miles of the 10 miles	Que to Gerarell arteria
11. Industry or business Thomas of	and a second
# 12. Name Christian Schrack.	Other conditions Linear Territorial
13. Birthplace Leverany.	(Include pregnancy within 3 plonths of death) 5412.
14. Maiden name. Mulausan	
14. Maiden name. Marketsunger	Major findings of operations The State of th
Sho and They Via	Antopsy results.
16. Informant 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address 60/04 SI. WILL THEIR THE	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Washington rateal	Where did injury occur?
Location Sutland and	Injured at home, farm, industry, public place (where?)
18. Funeral director W. W. Chambers Co.	Means of injury Injured at work?
Address 517-11 th st. S. E.	De ortan yatta
12 Jan 13 1948 Carrie 7. Camblell	23. SIGNATURE M.D. M.D. J.
The state of the s	I The second will be TOBI to the



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICA	Reg. Dist. NoQ
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maylor Decease County Count
3. (a) FULL NAME Meston Insider	3. (b) Social Security Number
4. Sex 5. Color or race 06.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH O QUALUT 2 G 19 48 21 1/15 6
8.(b) Name of husband or wife E na Mae Ingder 6.(c) If alive, give age 6 year 7. Birth date of deceased (mo., day, yr.) Felinay 19, 1872	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4
8. AGE: Years Months Days If less than one day 7 5 // 7hrsmin	articula Premi 24/2
9. Birthplace (Town, county, and atate) 10. Usual occupation	Due to
11. Industry or business 12. Name Inknown 13. Birthplace New York	Other conditions
14. Maiden name Croknown 15. Birtholace New York	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Assortal Records Address Chererly Md 50	Autopsy results
17 Cremation Date thereof an 28, 1948 (Burial, cremation, or removal, Which?) Cemetery or crematory Cemetery or crematory	22. VIOLENCE: if death was due to external causes, fill; in the tollowing; *** Accident, suicide, or homicide
Location Tosele Sone 18. Funeral director The State Sone	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
19	23. SIGNATURE M. D., or other Address Jut, Kanin hof Date signed 1. 2.6. Y



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MARYLAND STATE DEPARTMENT OF HEALTH Dymayer h

2411 N. Charles St., Baltimore

	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	City or town (If outside city or town lynts, write RURAL and give nesrest town)	State Dad County D. Jes
	How long in above place of death? 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	(If outside city or town limits, write RURAL and give nearest town) Street No. 422 S 304 76.
	Pr Geo. Devil Hoop.	Street No. (If rural, give LOCATION)
	How long In hospital or Institution?	2.(a) If veteran, name war
	3. (a) FUCH NAME Stonton, Charles &	3. (b) Social Security Number
	4. Sex 5. Color or race 8.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
	m w m	20. DATE OF DEATH 1- 3-0 1948 at 3-A
	6.(b) Name of husband or wife Marcy & Stanton 6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	7. Birth date of deceased (mo., day, yr.) July 13 - 18 6 9	and that I last saw h Aug. alive on
	8. AGE: Yeary Months Days If less than one day 7 8 6 17	Immediate cause of death College Of DURATION
	9. Birthplace Missauri (Town county and state)	Due to Commony Heat From
	10. Usual occupation Proof Reader & Printer	Oue to.
	11. Industry or business	
	12. Name Um · Stanlon 13. Birthplace North Carolina	Other conditions The South Control of Standard S
	14. Maiden name Mary ann Blanchard 15. Birthplace North Carolina,	(Include pregadincy within 3 months of death) Major findings of operations.
	2 15. Birthplace north Carolina	major majorga of operations
	16. Informant Mary S. Stanton	Autopsy results. Sate Office of the cause to which death should be charged statistically.
ŧ	Address 4225-30 m. St., Mt. Ramer,	22. VIOLENCE: If death was due to external causes, fill in the following;
	(Burial, cremation, or removal, Which?) Bate thereof	Accident, suicide, or homicide
	Cemetery or crematory Manager Md.	Where did Injury occur?
	Location C. A. Market M. J. M V. C.	Maens of thiury Industry, page three (where)
V	18. Funeral director. Wall of many of the state of the st	injured and indicate and indica
	Address 3200 - R. J. Reve. Mt. Kainer Ma.	23. SIGNATURE LUBRILLAGE LA D. M. D. or other
	19. TEG- 19 45 Un Southery (Date rec'd by registrar) Registrar	Address but. Rainin level note stoned 1-3048



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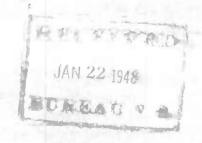
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

OBRITITON:	Reg. Dist. No.
1. PLACE OF BEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mothers) Slate
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
mall loke married	20. DATE DE DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) December 75, 1891	and that I last saw halive on
8. AGE: Years Months Days If less than one dayhrsmin.	immediate cause of deals.
9. 8irthplace Rolling (Town, county) and state)	Due to Jose neplanty, hepalito,
10. Usual occupation.	Due to.
11. Industry or business 12. Name	Other conditions.
14. Maiden name Kuthuin greises 15. Birlhplace Pollinge, had	(Include pregnancy within 8 months of death) Major findings of operations
16. Informant lung dans V. Anaffield	Autopsy results.
Addres Doo main that Jarryl, and	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (frear)	Accident, suicide, or homicide
Cemetery or crematory or Comments	Where did injury occur?
18. Funeral director Julius Valla	Misens of Injury Injured at work?
Addres 505 Nash Block, Faurel MA.	23. SIGNATURE LAWYER STATES
19. 1/2/ 19.48 Umanda Deure Registrar	Address Finestrell MA Bate signed 1-19-48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01/8/14 Reg. Dist. No. 24/5

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County March Storge	State Md. County O unce Leonge
City or town	
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 6409 Clivtt Pl.
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
HARRY TAIR T	7
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	MEDICAL CERTIFICATION
male white manied	20. DATE OF DEATH 1948 at 1245 AM
Yestrude O.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or wife	1934 19 10 //10 1948
7. Birth date of	and that I last saw h. Assertive on
deceased (mo., day, yr.) Lec. //, 190/	Immediate cause of death
8. AGE: Years Months Days If less than one day	Chrose Byscardet 1 mg
46min.	
	Gulmann Zeterling 111
9. Birthplace Wash (Town, county, and state)	Due to.
1D. Usual occupation.	
	Due to
11. Industry or business,	
12. Name Work LC	Other conditions
	(Include pregnancy within 8 months of death)
E 14. Maiden name Lilia Mc Cleary	Major findings of operations.
15. Birthplace Va.	major nadiags of aperations
Mestande B Talleald	
16. Informant	Antopsy results
Address above	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Date thereof Jan. 12, 1948	
17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	
Cemetery or crematory	Where did Injury occur?
Cartondale, ra,	Injured at home, farm, Industry, public place (where?)
111) ang latterell	Means of Injury tnjured at work?
18. Funeral director.	() $()$ $()$ $()$ $()$
Address 3619-14-14 N.W. D.C.	as signified of Demaids
De 10" 118 No. 9 - Acres	23. SIGNATURE M. D. or other
(Date reckil by registrar)	Address 580(-(3) 71 Me Date signed //10/48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County TRINCE George's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Sp. R. i. A	State MARYLAND County TRINCE GEORGE!		
How loag in above place of death?	City or towa. Sp. K. 'N. F. 'E. A. (if outside city or town limits, write RURAL and give nearest town)		
nospital, institution, or street 200ress where deally occurred.	Street No		
How long in hospital or tastitutioa?	.2.(a) tf veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
EThel Elizabeth Taylor 4. Sax 5. Color or race 6.(a) Single, married, widowed, or divorced			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
FEMALE White Married	20. DATE OF DEATH January 5 18 48 at 5:30		
6.(b) Name of husband or wife George E. Taylor	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day, yr.) August. 20, 1891	and that I last saw hQalive oa		
8. AGE: Years Month Days If less than one day	Immediate gape of death OURATION DURATION		
56 hrs. min.	f f		
9. Birthplace(Tomple county, and atate)	Dug to the flerelielle and		
10. Vaual occupation. at home	Marcha Steene 15 gs		
11. tadustry or bualaesa	Due to Day I Willy exclaim 2040		
12. Name Englise windsov	Other coaditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name. Fannu Terguson 15. Birthplace Ma	Major findings of operations.		
2 15. Birthplace Mid	Date of op.		
16. latermant MR. George E. Taylor	Autupsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Springfield & 1648	22. VIOLENCE: It death was due to external causes, till la the tollowing:		
17 Burial Date theron 8: 194 (Burial, cremation, or removal. Which?) (month) (day) (year)	Accideat, suicide, or homicide		
(Buriai, cremation, or removal. Which?) Cemetery or crematory Cemetery or crematory	Where did lajury occur?		
Location Collington Ind	Injured at home, tarm, industry, public place (where?)		
19. Funeral director. I Casche Sons	Maans of lajury Lajured at work?		
Address Ayattsvelle nd.	AMMARON III		
1/7 us Procedo Dounes	23. SIGNATURE		
19. (Dafe rec'd by registrar) 19.4.8 (Mindinda Officia) Jegistrar	Address		



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Dist. No. 24

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale Manufacture County Virtual Garages
How long in above place of death?	(1f outside city or town limits, write RURAL and give nearest town)
3818-315t Street	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Daniel Samuel Tett	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Wedowed	20. DATE OF DEATH 21 1848 21 1 4 4
6.(b) Name of husband or wife Winified Dallow	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
	19
7. Birth date of deceased (mo., day, yr.)	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
67min.	Correspond
7-2-0	On volume of and some of
8. Birthplace(Town, county, and state)	Due to.
1D. Usuat occupation. Parties	
11. Industry or business	Due to
	Diher conditions.
12. Name Jellou Jellou January 13. Birtholace Manuary Jellou Jell	
	(Include pregnancy within 8 months of death)
14. Maiden name arah Quiton 15. Birthplace many	Major findings of operations
≥ 15. Birthplace	
16. Informant	Autopsy results
Address 01483 newland Mu Wood No	
17 Bureal Date thereof 1/24/48	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burial, eremation, or removal. Which?)	
Cemetery or grematory	Where did injury occur?
Location Location	Injured at home, farm, industry, public place (where?)
18. Funeral director. With IT. Malling	Means of Injury Injured at world
Address 3200 - R.D. ave na Mining	acessing medical spring
	23. SIGNATURE. M. D. Ar other
Hours 24 1944 James Ollies	Address Anastralle Ked Pate signed - 21-46

THE MITTER JAN 26 1948 BUREAU B correct age

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cois especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH: County Prince Georges City or town Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 14 months, 20 days Hoapital, institution, or street address where death occurred: Glenn Dale Sanatorium How long in hospital or institution? 14 months, 20 days 3. (a) FULL NAME EULA TURNER	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Colored Married	2D. DATE DF DEATH. JA N. 6 19 48 21 10:40 P. 1
6.(6) Name of husband or wife Robert Turner 6.(c) If alive, give age 33 yearn 7. Birth date of deceased (mo., day, yr.) September 26, 1911	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from A U.S. 19 47, to U.A.N. 6. 19 48 and that I leat asw h. R.C. ative on J.A.N. 6. 19 48. Immediate cause of death.
8. AGE: Yearn Months Days If iesn than one day 36 36 3 11	Pulmnay Tuberculais 13 mo.
9. Birthplace Federal North Carolina (Town, county, and state) 10. Usual occupation Housewife 11. Industry or businesn 12. Name Sam Reed 13. Birthplace ? North Carolina	Due to
14. Maiden name Rachel Patterson 15. Birthplace ? North Carolina	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Deceased	Autopsy results
17. (Burid, cremation, or removal, Which?) Cemetery or crematory Location 18. Funeral director. (Mal S. A. S.	22. VIOLENCE: If death was due to external caunes, fill in the following: Accident, suicide, or homicide



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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N Charles St., Baltimore 169

CERTIFICATE OF DEATH

0			-	-	15	
6 /2			1	4	-5	
Reg.	Diat.	No.		. h		

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county truce georges	State north Carelingousty Wake
(If outside city or town limits, write AURAL and give nearest town)	P. O. O.
How long in above place of death Lanceust	(If outside city or town limits, write RURAL and givs nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1514 Farrew Jord
	2.(a) tf veteran, name war O O O O O
How long to hospital or inetitution?	
3.(a) FULL NAME Walter Jackson Ve	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white fingle	20, DATE OF DEATH 1948 at 7 An
6.(b) Name ot husband or wife	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
	18 10
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) warely 1, 1 4 6 8. AGE: Yeare Months Days It less than one day	Immediate cause of death
7_ \hremin.	Henorma Gland Drock
80.11	Dog . Ot 1 1 . O
9. Birihpiace (Town-county, and state)	Bue to multiple Cristian
10. Veual occupation. Attendent	
11. Industry orbusinese university of maryland	Due to
	Other conditions.
12. Name so so the contain of the contains of	
	(Include pregnancy within 3 months of death)
E 14. Marden name Essie Marchy 15. Birthplace Kentucky	Major findings of operations.
90	Date of op
16. Interment Clinar Verleen	Autopsy results
Address 5 Repsell Rd, Oft 2, apparation he	22. VIOLENCE: If death was due to external causes, fill in the following:
transportation Date thereof fan 8, 1948	Accident, euicide, or homicide. accident pale of 1/7/48
(Burial, eremation, or removal, Which) (month) (day) (yesr)	Where did thirty occur? Callege Cart U.S. D.L.
Gemetery or crematory	B. 0 00 11 - 14
Location O	meane of injury blistrian truckly injured at work?
18. Funeral director 5 Short 2002	10
Addrees Hefallsville and.	reparty meaning
o me su sant	23. SIGNATURE M. D. or other
(Date/Rec'd by registrar)	Address III a sestimile was Date eigned 1 - 7 - 4 8



WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly

WRITE PLAINLY,

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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B			5	2	1
Reg.	Diat.	No.	ZJ.	d.	

E OF DEATH

2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of	mother)
state South Carolina	nty
City or town Clinton (If outside city or town limits	, write RURAL and give nearest town)
Street No.	
(If rural, give	LOCATION)
2.(a) It veteran, name war	
	3. (b) Social Security Number
MEDICAL CI	ERTIFICATION
20. DATE OF DEATH January	13 19 48a15:30A
21. I CERTIFY that death occurred on the date abo	ve stated; that I attended deceased from
19	, to
and that I last saw halive on	15
and that I last saw halive on	nage and shock DURATION
3.75 (1942.55) HI - (1949.65) #	
Due to Multiple and	compound fractures
of the rightleg	
Compound freet	ure of the skull
Due to	ALMULESAULL
Other conditions Universal	finat coops
third degree burn	s of the body
Major findings of operations	
	Date of op.
Autopsy results	
PHYSICIAN: Please underline the cause to wh	nich death should be charged statistically.
222. VIOLENCE: If death was due to external cau	seas till in the tallawing:
tribat subtle or beliefe Accider	t 1/13/48
Accident, suicide, or homicide. Accider Where did injury occur? Fort Foot (City or town)	te P C Ma
Where did injury occur? (City or town)	(County) (State)
Injured at home, tarm, Industry, public place (wi	here?) In a field
Means of Injury In an airplar	
Deputy Medical Ex	kaminer
23. SIGNATURE	M. Dor other
	id. Date signed 1/13/48

	•			CERTIFICAT	F
City or Iow How long in Hospital, in In	n(If out	George ort Foot side city or town liv death? Tr reet address where re eld near	e mits, write R ansie death occurred	URAL and give nearest town) int Foote	
		Shelbu	rne M	orton Warner	
4. Sex	1	5. Color or race	6.(a)Single	e, married, widowed, or divorced	
Mal	е	White			
7. Birth da	d (mo., day, yr.)			c) It alive, give ageyears	
o. AUL	34		54,5	hrs. min.	
11. Indust	occupationry or business	Carpen Id. Warn Tenn Cora J	ter er	Tenne.	
≥ 15. B	rthplace	Tenn.			
Addres	s Shel	ra Warn byville removal Wich?		Jan. 14,194	P
19(Date	rec'd by regis	trar) 19 XX	mis	ande Donney	



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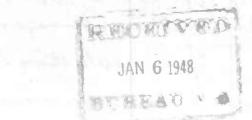
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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DK.	DIST.	140.	6

CERTIFICAT	TE OF DEATH Reg. Dist. No. 245
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How iong In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Ledward Lee Whitting	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced will be set to sex and sex	MEDICAL CERTIFICATION 20. DATE OF DEATH. 1-3-48 19 19 19
6.(b) Name of husband or wite	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.) 8. AGE: Years Monthy Days If less than one day	Immediate cause of death DURATION
9. Birthplace (Town, county, and state) 10. Usual groupation Nights Aerathuran, return	Due to. Due to. Due to.
11. Industry or business 12. Name Yelo. Whitting ton	Dther conditions.
12. Name Co. Whitting for 13. Birthplace Wra	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations. Date of op.
Address Mexturely, War	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Rew Carborne lunky	Where did injury occur?
18. Funerai director 140 Chauller 6	Meens of injury Injured at work?
Address / Lucal Cond	23. SIGNATURE M. D. Or-Albert — Y 8
(Date rec'd by registrar)	Address. Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HON (For newborn infants give residence)	ME) OF DECEASED:	,
State Manyland	County Odgana	and la
City or town	sattsville	0
(If outside city or to	wn limits, write RURAL and give nearest	town)
Street No. 6 208 - 75	ral, give LOCATION)	
-70	rai, give LOCATION)	
2.(c) II releian, name war		
)	3. (b) Social Security Nur	
	519-14-31	17
MEDIC	AL CERTIFICATION	
20. DATE OF DEATH James	19.48, at	9:43
	date above stated; that I attended deceased	
	19 10	
and that I last saw halive on		19
Immediate cause of death		DURATIO
a cute pe	elmong	
edenia		
acid Right in	de heart	
faillere		
Due to Carden	seeld rece	a-{
disesse		
Dther conditions		
	within 9 months of death)	
	within 3 months of death)	
Major findings ol operations		
***************************************	Date of op	
Autopsy results	use to which death should he charged stat	istically.
22. VIOLENCE: If death was due to ex		
Accident, sulcide, or homicide		
Where did Injury occur?(City o		
(City o		State)
	-lass (where?)	
Injured at home, farm, industry, public Means of injury	place (where?)	*************

correct age CERTIFIC 1. PLACE OF DEATH: or town limits, write RURAL and give nearest town item of information carefully causes of death clearly and How long in above place of death?.. Hospital, Institution, or street address where, death occurred: How long in hospital or institution? 3. (a) FULL NAME 5. Color or race every it 7. Birth date of deceased (mo., day, yr.) ADING INK. Supply Physicians: please wri Months 8. AGE: (Town, county, and state) 10. Usual occupation. WITH UNF 13. Birthplace especially PLAINLY, is especially WRITE Cemetery or crematory PLEASE Address (Date rec'd by registrar)



WITH UNFADING INK. Supply every item of information care important. Physicians: please write the causes of death clearly

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0(1812 Reg. Dist. No. 243

1. PLACE OF DEATH: CountyPrince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Glenn Dale Manyland	
City or town Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)	State De County County
How long in above place of death? 3. months, 29 days	City or town Washington (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	street No. 53 Fenton Court, N. W.
Glenn Dale Sanatorium	(If rural, give LOCATION)
How long In hospital or Institution?3. months, 29. days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
WUCILLE. WOOD	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Colored Married	20. DATE DE DEATH. Acres 28th 19 48 at 10 3
6.(6) Name of husband or wife Percy Wood	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
10	defit 29 1847, 10 party 28th 19.48
7. Birth date of Town Of TOTO	and that I last saw her alive on fally by the 13 48
deceased (mo., day, yr.) June 25, 1918	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	2 C ·
29 29 7 3hrsmin.	Velynonaria libereulosis 7 mos
9. Birthplace Linconeton, Georgia (Town, county, and state)	Due to.
1D. Usual occupation	· · · · · · · · · · · · · · · · · · ·
	Due to
11. Industry or business	
James Edwards 13. Birtholace Linconeton. Georgia	Dither conditions
8	(Include pregnancy within 3 months of death)
E 14. Maiden name Riela Dooley	
15. Birthplace Linconeton, Georgia	Major findings of operations
	Autopsy results
Address	
(Burial, cremation, or romoval. Which?) Bate thereol. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;
10 6	Accident, suicide, or homicide
Cemelery or crematory aggress cesselery	Where did injury occur? (City or town) (County) (State)
Location to Washington, J.C.	Injured at home, farm, Industry, public place (where?)
18. Funeral director 1550 Toll PRAL HONGO	Means of Injury Injured at work?
Address To J. M. Lisch. D.C.	(1) . 00 D.
0 00 000 00000	23. SIGNATURE & and heo Finecase MX.
19. (Date pre'd by registrar)	1/28/140 Md M. D. or other



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartea St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	State		
Glenn Dale Sanatorium How long in hospital or institution? 2 yrs., 4 mos., 5 days	(If rural, give LOCATION) 2.(a) If veteran, name war		
3. (a) FULL NAME ARTHUR WYMAN	3. (b) Social Security Number 577-09-0310		
4. Sax 5. Color or race 6.(a) Singlo, married, widowed, or divorced Male White Separated	MEDICAL CERTIFICATION 20. DATE DF DEATH. AN. 1848, 21 11 25 P.		
8.(b) Namo of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from SEPT. 12 19.45 to AN. 18 19.48 and that I tast saw h.//// alive on AN. 18 19.48 Immediate cause of death DURATION		
8. Birthplace Syracuse, New York (Yown, county, and state) 10. Usual occupation. Guard 11. industry or business E 12. Name Newton Wyman 13. Birthplace Syracuse, New York	Due to		
14. Malden name Bell Lewis 15. Birthplace Syracuse, New York 16. Intermant Deceased	Major findings of operatious		
Address 17. Meson Date thereof (month) (day (year) Cemetery or crematory. Location Wash. D. C. 18. Funeral director M. W. Chambers G. Address 8072-M. Sh. M. W.	22. VIOLENCE: tf death was due to external causes, till in the tollowing; Accident, suicide, or homicide		

